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ABSTRACT

The report on housing for the handicapped addresses three areas: the state of the art, issues involved in developing a housing program, and options and recommendations. Considered in the discussion of the state of the art are related federal legislation (including the 1974 Housing and Community Development Act); major governmental and private activities (including examples of joint federal-state funding in Michigan, Ohio and Virginia, and programs in western Europe and Canada); and selected design and housing research. Among the issues considered in developing a housing program are community attitudes, legislative deficiencies, and precipitous deinstitutionalization. Options are outlined, recommendations are made to Congress, federal and state agencies, and suggestions are offered for improving the 1974 Housing Act. (CL)

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HOUSING AND HANDICAPPED PEOPLE

BY

MARIE McGUIRE THOMPSON

The President's Committee on Employment
of the Handicapped, Washington, D.C. 20210

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The author of this paper has offered it for publication to The President's Committee on Employment of the Handicapped as a means of carrying out the Committee's objective to inform the general public on problems and solutions affecting the handicapped population, including their housing problems. It is understood that the Committee is not herewith sanctioning the author's conclusions, but rather is providing an exposition of issues for further consideration and discussion.

1976.

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I.

STATE OF THE ART

INTRODUCTION

For living human beings whether acting alone or with the help of others, autonomy is an essential ingredient for further development. We surrender some of our autonomy when ill or crippled but to surrender it every day on every occasion would be to turn life itself into chronic illness. The best life possible... is one that calls for an ever greater degree of self-direction, self-expression, and self-realization.

Lewis Mumford
Challenges to Democracy

These sentiments state precisely the goal of this study as it relates to the living arrangements of handicapped or disabled persons in this country. Stated another way, its purpose is to identify major problems in housing for the handicapped (mentally retarded, physically handicapped, or developmentally disabled adults) and to suggest ways to improve the quality of their lives by making available to them a variety of options in community-based housing.*

* This study does not encompass, as part of its charge, a discussion of specialized care facilities for handicapped children. These facilities, generally institutional in character, place emphasis on care or training, thus substituting in large part for family responsibility for these functions. Shelter provided in these facilities is not usually perceived as "housing" -- this term implies an occupant legally competent to enter into contractual arrangements and fully capable of making and carrying out decisions to support his choice of an independent or semi-independent life style.

Legislation that establishes the eligibility of the handicapped for Federally-assisted housing -- the primary focus of this study -- does not cover these facilities. It is acknowledged that, in the recent fund allocation under the Section 202 program for the elderly or handicapped, HUD's selection committee approved two applications for housing for handicapped children. Whether this augurs a new direction in HUD policy is not yet clear.

Among those concerned or involved with helping handicapped persons there is a practically universal opinion that entirely too many live in institutions unnecessarily or in highly unsatisfactory accommodations outside of institutions. There is no doubt that a large proportion of those with physical or mental handicaps, or both, could enjoy more satisfying, normal or near normal, autonomous lives if they had access to the type of housing and environment that assured their integration into the community at large as accepted members of society. One solution, and an essential starting point, is to make available a variety of residential settings together with the services needed to sustain community-based living.*

Throughout the literature that presents a rationale for such improved living arrangements for handicapped persons, two terms recur and dominate -- "normalization" and "developmental model." The meaning of the first is clear -- persons with handicaps should be assisted to live as normally as possible, closely and inconspicuously integrated into the surrounding community. The second term means that, given the chance, the help, and the incentive, all handicapped persons have the potential to progress, to learn to live more independently, to increase their ability to cope, to accept responsibility, to learn skills, and to work productively. A key tool in assuring that their right to live normally and to progress is respected and exercised is the provision of community-related housing. In this sense, housing is a priority "service," one that can be made available only through the cooperative efforts of housing developers and service providers.

* Although this study primarily addresses the need to provide housing for handicapped adults seeking to live apart from their families and to establish their own household, it is recognized that a large number of adults with handicaps live and will continue to live with their immediate families or relatives. Responsibility for providing support and aid and for assuring the overall well-being of the handicapped member is assumed by his kin. The housing thus provided is a significant element of the local housing inventory and of the life style of the handicapped population. However, it should be acknowledged that these living arrangements may not be adequate in some cases. The housing may be overcrowded; it may be so designed and located that it, in effect, leaves the handicapped person homebound. Some families, given their composition and economic status, may be unable to provide either a satisfactory living arrangement or the level of care required. Situations may arise in some families that lead to the neglect of the specialized needs of the handicapped member. A most serious problem may develop for handicapped adults living at home when their parents grow older or die, unless relatives or friends are willing and able to assume responsibility for providing other living arrangements. Obviously, plans to meet such problems as these should be developed before the home is disrupted for whatever reason. Most likely, community housing and service resources will be called upon to help resolve these problems, if such resources exist in the area.

This point of view is widely and zealously held, but it is still revolutionary because relatively little housing of the appropriate type has yet been provided to the handicapped in most communities and too many of the handicapped still are isolated in institutions, isolated, in effect, by the mode of thinking that prevailed previously. But the housing and service need continues to be acute even in those States that vigorously enforce deinstitutionalization (i.e., the discharge of patients from State institutions - hospitals, schools, or shelter - to live in local communities, either independently or in some alternate form of non-State-supported institutional setting). Often there are no relocation alternatives other than a boarding or nursing home, neither of which may provide the kind of shelter and services program geared to the needs of discharges (an especially critical consideration for the severely handicapped or profoundly retarded).

The production of Federally-assisted, community-based housing for physically handicapped adults has been possible since 1964, when a definition of their eligibility was written into the Housing Act. Provisions for the production of similar housing for other handicapped persons (the mentally retarded and the developmentally disabled) were included in the 1974 Housing and Community Development Act. Despite such legislative authority the circumstances of life for a vast number of handicapped persons are still not acceptable in our society, but they can be corrected. The Department of Health, Education, and Welfare and the Department of Housing and Urban Development should direct their related programmatic efforts toward a housing/services concept that will assure that the handicapped needing aid in activities of daily living and desiring to maintain independent or semi-independent living in the community can obtain both shelter and services. In addition to the expanded use of existing programs, these Departments should develop new legislative proposals that could be considered by the Congress to alleviate housing and service needs not fully addressed by present programs. Housing or the living arrangement should be accepted as a top priority service by both Departments as well as by State housing and service agencies and by professionals interested in and responsible for providing a good life for handicapped persons.

The current prospect for increasing the quantity and improving the quality of housing for handicapped adults is both promising and uncertain.

Promising, because there is a new and growing interest -- on the part of the Congress, several States, and, in particular, many local organizations and groups representing or including consumers -- in undertaking activities to develop community-based normal housing for the physically handicapped, the mentally retarded, and the developmentally disabled.

Uncertain, because this forward trend lacks a "rudder" to guide it, namely, a national policy and program to assist States and communities

to develop diversified local housing related to the special shelter and service needs of persons with a broad range of handicapping conditions.

In the interest of stimulating the formulation and implementation of such a national policy and program, this study examines the state of the art in the field of housing for the handicapped, identifies major problems that impede progress, outlines various options in addressing these problems, recommends a series of immediate actions needed to assure the prompt and effective delivery of housing and services to the handicapped, and, finally, suggests some improvements that might be made in the 1974 Housing Act to help accomplish the recommended actions.

1.

FEDERAL LEGISLATION ON HOUSING
FOR HANDICAPPED PERSONS

The Housing Act of 1937 committed the Federal Government to a general policy of providing for the social welfare of citizens by ensuring "a decent home and a suitable living environment for every American family." The National Housing Act of 1949 reaffirmed this policy and further designated the Federal role as one of assisting the private housing industry to provide safe and standard quality housing and neighborhoods.

In implementing this policy the Federal Government has assumed increasing responsibility for meeting the housing needs of low-income families, primarily because the private sector has not responded adequately to this segment of the market. A major Federal effort in this regard has been the low-rent public housing program that was established in 1937 to help alleviate critical housing needs caused by the Great Depression and later was utilized extensively during and after World War II to offset the shortage of housing.

In exercising this responsibility for the low-income population, the Federal Government has come to recognize an array of specialized needs among diverse groups and has designed a variety of programs to fit these needs. First among the special-user groups to gain recognition in Federal housing law were elderly persons. In 1956 the definition of "low-income family" was amended to include elderly individuals and permit them to reside in public housing. This special-user status for elderly families and individuals has been retained in subsequent legislation authorizing the various Federally-assisted housing programs.

Recognition of the special-user status of the handicapped was longer in coming. In the late 1950's and the early 1960's, there was a marked increase in public awareness of the problems that handicapped persons faced in coping with the environment. Normalization, a concept that includes community-based living arrangements in home-like settings, became a generally accepted philosophy and began to be reflected in Federal legislation. This early legislation -- from the Housing Act of 1964 through related enactments in the following decade -- concentrated, however, on making suitable housing available and accessible to physically handicapped persons only. Not until the 1974 Housing and Community Development Act was the definition of "handicapped" broadened to specify the inclusion of the developmentally disabled, including the mentally retarded, among the special-user groups eligible for Federally-assisted housing.

This chapter charts major developments in Federal legislation from 1964 through 1974 that have contributed to greater housing opportunities for handicapped persons, primarily under the variety of programs administered by the U.S. Department of Housing and Urban Development (HUD) as well as the few others that are administered by other Federal agencies (1).

Provisions Related to HUD-Administered Programs

Major Legislative Concerns, 1964-1974

Beginning with the 1964 Housing Act and continuing until 1974, Federal housing and housing-related law granted special-user status to physically handicapped persons by (a) first establishing and then expanding their eligibility for a variety of HUD-assisted housing programs and (b) assuring their access to publicly-owned buildings and residential facilities.

As defined in the 1964 Act and other related enactments during the following decade, "handicapped" referred only to persons having:

...a physical impairment which (a) is expected to be of long-continued and indefinite duration; (b) substantially impedes his ability to live independently; and (c) is of such a nature that such ability could be improved by more suitable housing conditions (2).

Further emphasized in this definition was a person's ability to live independently as long as certain features impairing that ability were removed. As a result, from 1968 on, special attention has been given to developing and implementing legislation on accessibility. Guidelines for removing physical barriers to mobility and thus making the environment accessible to the physically handicapped had been developed jointly in 1961 by the National Easter Seal Society and the President's Committee on Employment of the Handicapped. They were later adopted by the American National Standards Institute (ANSI) as standards

(1) A chart summarizing Federal programs that provide financing and/or subsidy for housing for handicapped persons is presented in Reference #1 of this paper, p. 95.

(2) Public Law 88-560, Housing Act of 1964, Section 203, 78 Stat. 769, 783, 784.

for public buildings and facilities, but not for publicly owned or private residences (3). Although some of the specifications have been adopted for some aspects of residential use, the standards were not Federally-mandated and States had the option of adopting them for use.

Eligibility for Federally-Assisted Housing

The 1964 Housing Act added physically handicapped individuals and families, regardless of age, to the categories of persons eligible for the following Federally-assisted rental housing programs: Section 202 direct loan, FHA Sections 221 and 231 mortgage insurance, PHA low-rent housing, and the demonstration grant program for low-income families. This eligibility has been extended in all subsequent housing law(4).

The 1965 Housing and Urban Development Act contained provisions to assure rent levels that eligible handicapped persons could afford. Rent supplements were authorized to be made available, and parity of treatment was established in public housing for the elderly, handicapped, and disaster victims (5). "Parity of treatment" referred to an additional subsidy of \$120 per unit for those occupied by handicapped persons or disaster victims and to an exemption from the required 20 percent gap between the floor of private rent levels and the ceiling of public housing rent levels which served as the basis for eligibility for public housing occupancy(6).

The 1968 Housing and Urban Development Act increased the number of programs for which the handicapped were eligible. The Section 236 mortgage insurance interest rate subsidy program, enacted by this law, could be combined with rent supplements to serve low-income handicapped.

(3) American National Standards Institute, Inc. American national standards specifications for making buildings and facilities accessible to, and usable by, the physically handicapped (ANSI A117.1 -- 1961 R 1971)). New York: the Institute, 1971. This reference is to the standards as revised in 1971.

(4) HUD responded later (1976) to this legislation by requiring 10 percent of the units in new housing projects for the elderly to be built accessible for handicapped persons.

(5) Public Law 89-117, Housing and Urban Development Act of 1965, Section 101(c)(2), 79 Stat. 451, 12 USC 1701s.

(6) U.S. Congress. Senate. Subcommittee on Housing and Urban Affairs, Committee on Banking and Currency. Congress and American housing, 1892-1967. Washington, D.C.: Government Printing Office, 1968.

Section 236 projects primarily for the handicapped or elderly could provide housing and related facilities such as cafeterias, dining halls, community rooms, workshops, infirmaries, other inpatient and outpatient health facilities, and other essential service facilities (7). The Section 235 homeownership program, also enacted by this law, was later broadened by HUD Secretary George Romney to address the desire of handicapped persons to enjoy an option other than Federally-assisted rental housing. The personal asset level was relaxed for them to permit their assets to range from \$25,000 to \$50,000, as long as the regular family income was within statutory limits.

The 1970 Housing and Urban Development Act authorized congregate housing for handicapped, elderly, or displaced persons. This housing was defined as that in which some or all of the dwelling units do not have kitchen facilities and connected with which there is a central dining facility to provide wholesome and economical meals(8). It was intended to serve persons needing some services to sustain independent living in a residential group setting. It could be funded under the low-rent public housing program, Section 202, PHA Section 236, and FHA 221. The inclusion of related service facilities in these programs responded to the need of many handicapped persons for having provisions for some services combined with appropriate housing design in order to maintain an independent life style. Although the cost of the dining facility and equipment could be treated as one of the costs of the project, the expenses associated with meals and other necessary services had to be borne by the tenant or be met from other sources -- a factor that has limited the utility of this type of housing to serve low-income handicapped.

Accessibility

The 1968 Architectural Barriers Act was designed to "insure that certain buildings financed with Federal funds are so designed and constructed as to be accessible to the physically handicapped "(9). The ANSI standards (A117.1) were required. In addition, accessibility was

(7) Public Law 90-448, Housing and Urban Development Act of 1968 (82 Stat. 476, 498), amending Section 236(j)(5)(A), National Housing Act of 1949 (P.G. 479, 48 Stat. 1246, 12 USC 1701 et seq.).

(8) Public Law 91-609, Housing and Urban Development Act of 1970, Section 221(f), 84 Stat. 1770, 1773.

(9) Public Law 90-480, Architectural Barriers Act, 82 Stat. 718, 42 USC 4151.

required in Federally-owned or leased public buildings to be used by the handicapped for purposes of employment or residency. These buildings included public housing or any other residences funded by Federal grants or loans, provided the facility "is subject to standards for design, construction, or alteration issued under authority of the law authorizing such grant or loan." The Department of Health, Education, and Welfare (HEW) and the General Services Administration (GSA) were charged with responsibility for further developing standards for public non-residential structures subject to the Act and to GSA approval. The law did not cover privately-owned residential facilities (even those enjoying public subsidy), and it exempted buildings on military installations designed primarily for use by able-bodied military personnel. The net result was that efforts to increase the stock of accessible housing were limited to low-rent public housing.

Ensuring compliance by builders with accessibility requirements was the intent behind Federal law establishing the Architectural and Transportation Barriers Compliance Board (10). Its responsibilities were limited to ensuring that public buildings met the ANSI standards; it had no authority over residential facilities except for publicly-owned housing. It was required to conduct hearings and report to Congress and the President on the housing needs of handicapped persons and to make recommendations for appropriate legislative and administrative action(11).

In related efforts, HUD issued its revised Minimum Property Standards (MPS) in 1973. They require FHA mortgage-insured, multi-family, high-rise housing projects with elevators, as well as low-rise projects with over 25 units, to be accessible to the physically handicapped on the same basis as public housing. Housing for the elderly also must be accessible - in every project with over 25 units, 10 percent of the units must have specially designed bathrooms and five percent of them must have special kitchens.

The revised MPS consist of three volumes of performance-oriented standards that are not restricted to specific programs as were the original standards. This is purported to allow greater innovation in

(10) Public Law 93-112, the Rehabilitation Act of 1973, as amended by Public Law 93-516, the Rehabilitation Act of 1974.

(11) The Board's first public hearings, held in June, 1975, resulted in two volumes of observations and recommendations for the building industry, government, professional organizations, and individuals. See: Architectural and Transportation Barriers Compliance Board. Freedom of choice, Vol. I and II. Washington, D.C.: the Board, 1975.

design and greater freedom to meet local needs. HUD decided that including criteria for handicapped persons in the general MPS was more effective than a separate manual on housing design for them or a single reference to mandatory ANSI standards (12). Some developers contend, however, that the MPS are too limited for innovative housing design for the handicapped and, when combined with ANSI standards, make building almost impossible (13). Associated with the MPS is the HUD Manual of Acceptable Practices which establishes non-mandatory criteria for determining the acceptability of HUD-assisted housing. These criteria are also used by the Farmers Home Administration, the Veterans Administration, and some military housing programs.

Standards other than these have been developed or modified to provide accessibility to the physically handicapped. Related program standards are being developed within HEW by the Health Services Administration, the Rehabilitation Services Administration, the Office of Education, and the National Institutes of Health, among others. In 1974 the Building Officials and Code Administrators modified their building codes to provide accessibility to elderly and physically handicapped persons.

Although these legislative, administrative, and professional efforts represent relative progress, the environment still retains major physical barriers that limit the participation of the handicapped in both housing and the community.

The 1974 Housing and Community Development Act

The 1974 Housing Act is landmark legislation in that it places new and special emphasis on providing housing and related facilities for various groups of handicapped persons -- for the developmentally disabled, including the mentally retarded, in addition to the physically handicapped. It also increases the Federal housing aids available specifically for the handicapped and constitutes a new opportunity for the development of a variety of housing types suited to their diverse requirements and preferences.

(12) For modification to conform to ANSI standards, see MPS 4900.1 (One - and Two-Family Dwellings), 4910.1 (Multi-Family Dwellings), and 4920.1 (Care-Type Housing).

(13) Architectural and Transportation Barriers Compliance Board. Freedom of choice, Vol. I, p. 33. Washington, D.C.: the Board, 1975.

Broadened Definition of Eligibility

Among the categories of eligibles for HUD-assisted housing are now included, in addition to persons who are physically handicapped as defined in the 1964 Housing Act, persons who are disabled as defined in Section 223 of the Social Security Act or in Section 102(a)(5) of the Developmental Disabilities Services and Facilities Construction Amendments of 1970 (14).

(14) Public Law 93-383, Housing and Community Development Act of 1974, Title II, Section 201(a). References in the amended definition are to other definitions in HEW-administered legislation:

(a) Disability -- as defined in the Social Security Act, Section 223(d)(1)(A)-(B) and Section 216(i)(1) -- refers to an inability to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. . . . The term "blindness" refers to a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens, also to tunnel vision.

(b) Developmental disability -- as defined in Section 102(a)(5) of the 1970 Developmental Disabilities Services and Facilities Construction Act Amendments -- means a disability of a person which is attributable to mental retardation, cerebral palsy, epilepsy, or autism; is attributable to any other condition found to be closely related to mental retardation because such condition results in similar impairments of general intellectual functioning or adaptive behavior as are used to describe mentally retarded persons, or requires treatment and services similar to those required for such persons; is attributable to dyslexia resulting from a disability described above; originates before such person attains age 18; has continued or can be expected to continue indefinitely; or constitutes a substantial handicap to such person's ability to function normally in society.

The 1976 Housing Authorization Act (P.L. 94-375), enacted after the completion of this paper, extends eligibility for HUD-assisted housing to non-handicapped and non-elderly single persons. This provides a greater latitude for a mix of handicapped and able-bodied persons in the same environment and is further recognition of the importance of involving the handicapped in normal community life. Related to this is the eligibility -- for Section 202 housing -- of one or more such persons living with another person who is essential to the care of the elderly or handicapped person. In addition, the survivor of a couple whose eligibility was established by the deceased member is now eligible to remain in residence.

The need for this broader definition emerged from, and was made urgent by, events that occurred in the nationwide trend toward deinstitutionalization. Emphasis on this policy after passage of the 1963 Mental Retardation Facilities and Community Mental Health Centers Construction Act put a severe strain on communities that did not have adequate or sufficient housing for mentally retarded discharges, among others. No HUD-assisted housing could be built solely for the mentally retarded. Although the Federal Government was to provide its share of funds to construct and staff public facilities, this program did not generate enough community mental health centers to meet the need of discharges for services or treatment. In fact, 12 years after the program's inception, only 500 of the planned 2,000 centers have been built (15).

More pressure for an alternative housing program came in 1972 as a result of Wyatt vs. Stickney. Plaintiffs charged that residents of State mental hospitals and institutions received inadequate treatment in violation of their constitutional rights. The court ruled that such institutions must be improved and their population reduced(16). Many mentally retarded persons were returned to the community even though suitable accommodations were scarce or non-existent.

In addition, efforts were made to stimulate action by HUD. In the 1971 Report on Mental Retardation the President requested HUD to study housing potentials for the mentally retarded. Due to a concerted drive by the Michigan State Housing Development Authority to build group homes for this population, the HUD General Counsel reviewed provisions related to the handicapped in the 1964 Housing Act and ruled in 1972 that the mentally retarded were eligible for HUD-assisted housing if it were clinically proved that the retardation stemmed from a physical or neurological cause. Under this ruling the Michigan Authority began its special housing program for mentally retarded adults(17).

(15) Santiestevan, H. Deinstitutionalization: out of their beds and into the streets, p. 10. Washington, D.C.: American Federation of State, County and Municipal Employees, 1975.

(16) President's Committee on the Mentally Retarded. Silent minority, pp. 9-10. HEW Publication No. (OHD) 74-21001. Washington, D.C.: Government Printing Office, 1975.

(17) Highlights of this program model are presented in Reference #2, p. 109.

Services in Housing

Special housing for the elderly or handicapped is to have related facilities in or through which services necessary for sustaining an independent life style can be delivered. Such projects are to be in support of and supported by plans for comprehensive services in accord with Section 134 of the 1963 Mental Retardation Facilities and Community Mental Health Center Construction Act or with State and area plans under Title III of the Older Americans Act of 1965 as amended. Among these services may be included health, continuing education, welfare, information and referral, counseling, homemaker, and recreational services, as well as services designed to encourage and assist recipients to use the services and facilities available to them. The Secretaries of HUD and HEW are directed to consult on design standards, management policies, and supportive service plans to ensure that the provision of housing is merged with the delivery of services responsive to the special environmental needs of the intended occupants (18).

Special Demonstration Projects

The HUD Secretary is authorized to undertake special demonstrations to determine the housing design, the housing structure, and the housing-related facilities and amenities most effective and appropriate in serving to meet the needs of groups with special housing needs including the elderly, the handicapped, etc. For this purpose, the Secretary is authorized to enter into contracts with, to make grants to, and to provide other types of assistance to individuals and entities with special competence and knowledge to contribute to the planning, development, design, and management of such housing (19).

(18) Public Law 93-383, Housing and Community Development Act of 1974, Title II, Section 209 and 210(f). In accord with the directive to consult on the provision of services in housing, a joint working agreement was proposed in 1975 between HEW's Administration on Aging and two HUD offices --the Office of Housing Production and Mortgage Credit and the Office of Housing Management. Its purpose was to promote comprehensive, coordinated services for older persons through nutrition and social service provisions of the Older Americans Act and through Sections 202 and 8 of HUD-administered programs. In 1976 details of this agreement had still not been formed. Among proposed activities to implement it were: the collection and dissemination of information on needs of older people and the status of the Section 202/8 program, designation of staff to coordinate activities pertaining to the agreement, and the involvement of State/Regional and Area/ Field offices as well as elderly citizens in developing and implementing housing/services plans.

(19) Public Law 93-383, Housing and Community Development Act of 1974, Title VIII, Section 815.

Technical Assistance

Amendments to Section 106 of the 1968 Housing Act (authorizing seed money loans to nonprofit developers of housing for low and moderate income families, including the handicapped or elderly) added provisions for "counseling and advice to tenants and homeowners with respect to property maintenance, financial management, and such other matters as may be appropriate to assist them (low-income families) in improving their housing conditions and in meeting the responsibilities of tenancy and ownership " (20). The HUD Secretary is authorized to do this directly or by contracts with private or public organizations having special competence and knowledge in counseling such families. The Secretary may also provide technical assistance to communities, especially smaller ones, in planning and developing community development programs.

Community Development Block Grant Program

Title I authorizes Federal block grants to local units of general government to conduct, with wide discretion, a number of local activities related to community development, including acquisition of property, buildings of public works, code enforcement, and provision of public services. This program replaces previous categorical grants for urban renewal, Model Cities projects, water and sewer construction, code enforcement, and loans for slum rehabilitation. It does not cover the financing and construction of housing which are covered in other titles of the law.

Among the local activities eligible for support under the block grant program are: special projects to remove material and architectural barriers that restrict the mobility and accessibility of elderly and handicapped persons; construction or planning of recreation facilities in conjunction with publicly-owned housing, if these facilities provide for participatory rather than spectator activities; and funding of sheltered workshops only if the project is a neighborhood facility and is publicly owned (21).

(20) Public Law 93-383, Housing and Community Development Act of 1974, Title VIII, Section 811.

(21) The 1976 Housing Authorization Act (P.G. 94-375) adds centers for handicapped persons to the list of projects eligible for support under this program. Previously, only general community centers or senior centers were eligible. For handicapped persons, these centers will provide not only a gathering place but also a setting for special recreation programs related to their interests and capabilities. Like senior centers, they may provide a service delivery base for many services now scattered. In planning housing for the handicapped, the provision of a special center in, near, or accessible to the development will be of special importance.

Applicants for community development block grants must prepare two documents: a three-year community development plan and a Housing Assistance Plan (HAP). The HAP, required only of public bodies applying for this program, must endeavor to accurately survey the condition of housing stock in the community, assess the housing assistance needs of lower-income persons (including the elderly and handicapped), and identify a realistic annual goal for the number, sizes, and types of dwelling units to be assisted (new, rehabilitated, or existing units). The general location of proposed housing should also be referenced. The plan must include adequate assurances that public hearings are held to inform citizens and provide a forum for them to present their views on housing needs.

Special Status for Section 8 Rent Assistance

Projects for the elderly or handicapped may have rents for 100 percent of the dwelling units assisted under the Section 8 program that provides a rental subsidy for eligible low and moderate income families (22).

Provisions Related to Other Federally-Administered Housing Programs

Apart from HUD, three Federal agencies administer housing programs that, although not specifically focused on handicapped persons (except for the VA Specially Adapted Housing Program), may be utilized in some instances by the handicapped who otherwise meet general eligibility criteria. It should be noted that these programs may assist in developing accessible housing for the physically handicapped, but none actually facilitate the development of special living arrangements for the mentally retarded (although such persons, of course, are not excluded as long as they meet eligibility requirements).

Farmers Home Administration, Department of Agriculture

The FmHA is responsible for three housing programs for which handicapped persons may apply: 1) Section 502 homeownership loans for persons with low to moderate incomes; 2) Section 504 housing repair loans for those with very low incomes; and 3) Section 515 rural rental housing loans. The FmHA uses HUD Minimum Property Standards where applicable.

(22) Public Law 93-383, Housing and Community Development Act of 1974, Section 8(a)(5).

Section 502 homeownership loans are client-initiated, so the housing design may be adapted to a handicapped person's needs. Under Section 515 no rural rental housing projects have been developed specifically for the handicapped (23).

The FmHA is also authorized to conduct a rent supplement program. There is controversy as to the extent to which the agency has implemented this program, if at all, with the result that the availability of FmHA-funded housing for lower income persons is considerably reduced (24).

Veterans Administration

The VA has two programs that may provide housing specially adapted for the handicapped.

The first is the VA Home Loan Program (or, as it is commonly called, the "GI Home Loan Program") which guarantees or insures loans made to all classes of eligible veterans for owner-occupied housing. The VA has adopted, as its construction standards, the HUD Minimum Property Standards (4900.1) for One- and Two-Family Dwellings. The housing thus may be accessible, if so indicated.

The second is the Specially Adapted Housing Program which provides an eligible disabled veteran with 50 percent of the cost of the specially designed unit, including the land, fixtures, and allowable expenses entailed in acquiring suitable housing, not to exceed \$25,000. Although the HUD MPS or the Manual of Acceptable Practices may be used, the VA has its own design standards for this program which the VA has developed as a result of its experience with specially designed housing (25).

(23) In 1974 the FmHA processed nearly 100 projects under Section 515, providing more than 12,500 units. About one-third were for elderly persons. Although 10 percent of the units were equipped for the handicapped, no entire project has been designed specifically for them. See: United Cerebral Palsy Associations. Word From Washington, Vol. 6, No. 8, August 1975, p. 2.

(24) Architectural and Transportation Barriers Compliance Board. Freedom of choice, Vol. I, p. 14. Washington, D.C.: the Board, 1975.

(25) VA Construction Standard CD-28-1973, Accommodations for the physically handicapped.

Department of Defense

This Department provides housing for military personnel, but they are assumed to be able-bodied. When a spouse or other member of the family is physically handicapped and requires adapted housing, DoD arranges for the indicated modification at that time. Since the military population is proportionately more able-bodied than society as a whole, there is no program for general housing accessibility; in fact, buildings and facilities on military installations are specifically excluded from requirements of the 1968 law on accessibility of public and residential facilities.

2.

MAJOR GOVERNMENTAL AND PRIVATE ACTIVITIES
IN DEVELOPING HOUSING FOR THE HANDICAPPED

As a result of increased attention to the handicapped in Federal law and regulations, various governmental units and private associations have utilized a diversity of means to produce housing for them. Federal programs have been a major source of financial assistance and design standards, but State and private resources have also been tapped. Foreign experience has yielded ideas and practices that have impacted upon American housing efforts, although usually with some modifications. Furthermore, the types of housing activity that have been undertaken cover variations as wide as the means used to carry them out. Some groups have been instrumental in housing construction, while others have concentrated on lobbying and advocacy. Their combined efforts have revealed areas of inadequate or unsuitable legislation, problems in program implementation, and limited experience in the field. They exist, however, as examples of a nationwide effort to provide appropriate environments for handicapped people.

Federal Efforts

Between 1964, when physically handicapped persons first became eligible for Federal housing programs, and January 1974, eight projects for handicapped people in eight different cities were developed under the low-rent public housing, 202, 221(d)(3), and 236 housing programs, totaling 1,086 dwelling units (Chart 1). This is in contrast to the more than 500,000 HUD-assisted dwelling units developed between 1959 and 1974 that were specially designed for the elderly. These eight projects represent the total effort by private and public sponsors utilizing Federal means for developing housing for the handicapped (26).

Developed over a 10-year span, these projects largely represent experiments in housing, and lessons learned from design mistakes or successes in earlier projects were utilized in the development of the later ones. Most have some sort of special feature, either in terms of architecture or location. Seven are designed specifically for the elderly or handicapped, five of them built for a tenant mix of both groups. Five are in close proximity to service and health centers, day care centers, or sheltered workshops. Two were preceded by studies to

(26) This effort does not include units built in HUD-assisted elderly or family projects occupied by handicapped persons.

CHART 1

HOUSING PROJECTS DESIGNED FOR PHYSICALLY HANDICAPPED PERSONS THROUGH 1974

Name	Location	Sponsor	Year Opened	Cost	Size/ Group	Specially Served
Vistula Manor	400 Nebraska Avenue Toledo, Ohio 43602	Toledo Metropolitan Housing Authority	1967	\$3,800,943	164	Handicapped and Elderly
Pilgrim Tower	1233 South Vermont Avenue Los Angeles, Cal. 90006	Pilgrim Lutheran Church of the Deaf	1968	\$1,723,000	112	Elderly deaf and hard of hearing
Center Park Apartments	825 Yesler Way Seattle, Washington 98104	Seattle Housing Authority	1969	\$2,596,421	150	Handicapped
Walter B. Roberts Manor	1024 South 32nd Street Omaha, Nebraska 68105	Omaha Association for the Blind	1969	\$ 422,900	42	Blind and partial sighted elderly
Highland Heights	1197 Robeson Street Fall River, Mass. 02722	Fall River Housing Authority	1970	\$2,942,204	208	Handicapped and elderly
New Horizons	2525 North Broadway Fargo, N. Dakota 58102	Fargo Housing Authority	1972	\$1,947,875	100	Handicapped
Independence Hall	Airline Dr. at Burruss St. Houston, Texas	Goodwill Industries	1973	\$3,179,800	292	Handicapped and elderly
Creative Living	445 W. 8th Avenue Columbus, Ohio 43215	Creative Living, Inc.	1974	\$ 33,100	18	Quadri - and paraplegics

Source: U.S. Department of Housing and Urban Development. 1975.

determine: 1) economic feasibility and design features (Vistula Manor) and 2) tenant characteristics and selection based on functional ability and careful delineation of service needs (Highland Heights). While these projects have provided some useful experience in the field of housing design and services for handicapped persons, problems encountered in their development and funding have revealed areas of need for further program development. Questioned are the optimum size of a project, preferable location, the relationship of the project to the community, and the presence or absence of essential services.

In addition to these projects for the physically handicapped, there was some housing activity for mentally retarded persons before passage of the 1974 Housing Act. As a result of the 1972 ruling by its General Counsel, HUD approved plans under State-Federal financing in the Section 236 program for four group homes and a two-story apartment building to provide housing for mentally retarded adults capable of an independent life style in their communities. Supportive services were to be provided by local, private, and government agencies. The unique feature of these plans was that the State, through local private corporations, accepted responsibility for the construction, funding, and operation of these projects. This was the first involvement of HUD in helping to provide housing for mentally retarded adults other than those who could live independently. It also was an example of State and local initiative, with responsibility for operations and support services at the local level. While FHA Minimum Property Standards had to be adhered to in construction, the State accepted responsibility for design concepts responsive to group living (27).

In April 1976, 136 projects were selected for further application processing under the Section 202 program as amended by the 1974 Housing Act. Of these, 17 were for the handicapped and another 16 were for the elderly and handicapped, representing 24.3 percent of the proposals receiving fund reservations (Chart 2). If all the selected projects are completed, 2,571 new dwelling units should be available for handicapped persons (28).

(27) Descriptions of the eight projects for the physically handicapped and the two developments for the mentally retarded may be found in Reference #3, pp. 111-113.

(28) Additional projects for the handicapped and for the handicapped and elderly received Section 202 fund reservations in subsequent allocation procedures on September 7 and October 5, 1976.

CHART 2: RECIPIENTS OF SECTION 202/8 FUND
RESERVATIONS, BY NUMBER OF UNITS, APRIL 1976

A. HANDICAPPED PROJECTS ONLY

Sponsor	Number of Units	Sponsor	Number of Units
1. Associated Blind, Inc. New York, New York	100	10. Orange Grove Center for the Retarded, Inc. Chattanooga, Tennessee	48
2. Friends of Neighborhood Guild Philadelphia, Pennsylvania	100	11. The Lambs, Inc. Libertyville, Illinois	40
3. Virginia Synod Lutheran Homes Roanoke, Virginia	100	12. Our Way, Inc. Little Rock, Arkansas	100
4. Central District Mental Health Center, Inc. Clarksburg, West Virginia	16	13. The Cerebral Palsy Research Foundation of Wichita, Kansas Wichita, Kansas	100
5. Broward Association for Retarded Citizens, Inc. Ft. Lauderdale, Florida	36	14. St. Louis Association for Retarded Children, Inc. St. Louis, Missouri	56
6. Pinellas Association for Retarded Children St. Petersburg, Florida	30	15. Tucson Community Development Design Center, Inc. Tucson, Arizona	30
7. Owensboro Churches for Better Homes, Inc. Owensboro, Kentucky	25	16. Goodwill Industries of Santa Cruz Monterey, and San Obispo Counties Santa Cruz, California	100
8. Southeast Methodist Agency for the Retarded Mississippi	96	17. Hood River Sheltered Workshop National Benevolent Association of the Christian Church Hood River, Oregon	25
9. Greensboro Cerebral Palsy Association, Inc. Greensboro, North Carolina	19		
TOTAL UNITS, HANDICAPPED ONLY PROJECTS: 1,021 Units			

Source: HUD News, HUD-No. 76-141, April 22, 1976

B. HANDICAPPED AND ELDERLY PROJECTS

Sponsor	Number of Units	Sponsor	Number of Units
1. Daughters of Miriam Clifton, New Jersey	100	9. Sea Island Comprehensive Health Cares Corporation John's Island, South Carolina	50
2. Bialystoker Center and Bikur Cholim, Inc. New York, New York	66	10. Youngstown Area Goodwill Industries, Inc. Youngstown, Ohio	100
3. The Salvation Army, Eastern Territory in the USA New York, New York	100	11. Ohio School for the Deaf Alumni Association Columbus, Ohio	100
4. Bedford Stuyvesant Restoration Corporation Brooklyn, New York	150 (Rehab)	12. Roman Catholic Diocese of LaFayette La Fayette, Louisiana	100
5. Catholic Charities, Brooklyn Diocese through Progress of People's Development Corporation	100	13. The Five Civilized Tribes Foundation, Inc. Muskogee, Oklahoma	100
6. Baptist Orphanage and Home Society of Western Pennsylvania Mt. Lebanon, Pennsylvania	100	14. Christian Services, Inc. Houston, Texas	100
7. Moravian Congregation of Bethlehem Bethlehem, Pennsylvania	100	15. Allied Jewish Federation of Denver Denver, Colorado	100
8. John Knox Manor, Inc. Montgomery, Alabama	84	16. American Lutheran Homes, Inc. Fargo, North Dakota	100
TOTAL HANDICAPPED/ELDERLY UNITS:		1550 Units	
TOTAL ALL UNITS COMBINED:		2571 Units	

33 projects in total for handicapped and handicapped elderly
136 project-sponsors approved

24.3% of the approved projects for handicapped/elderly and handicapped

Source: HUD News, HUD-No. 66-141, April 22, 1976

State Efforts

In recent years, States have been given much of the responsibility for implementing housing and service programs. In response, many are broadening the function of the State Department of Mental Retardation to include programs for the developmentally disabled and are increasing their community service budgets. Most are experiencing difficulties, however, in obtaining and utilizing Federal funds for housing and services. Some difficulties are due to lack of clear Federal policies, discontinuities in Federal funding policies and appropriation procedures, Federal red tape, and inconsistencies in Central and Regional office interpretations of social policy (29). Difficulties in obtaining coordination between various agencies and associations are an additional obstacle. Associations for the mentally retarded and the physically handicapped frequently make direct contact with HUD if the State housing finance agency has little interest in either these groups or other special housing needs. Generally, State housing finance agencies are concerned with the larger market. Despite these problems in the use of Federal programs, a number of States are demonstrating an increased leadership and interest in specialized housing programs and are devising plans either for funding State-initiated housing efforts or for utilizing joint Federal-State funding.

Examples of Programs with Joint Federal-State Funding

Michigan. To provide a group living situation for mentally retarded adults who need some degree of supervision but not constant care, the Michigan State Housing Development Authority devised a housing program combining State sources of financing and Federal subsidies. Nonprofit sponsors designed and developed the group homes, using capital funds from the Authority's sale of tax-free revenue bonds and construction financing from the Federal housing subsidy programs and below-market interest rates. Services and long-term funding costs were supported by the State Departments of Mental Health, Social Services, Public Health, Vocational Rehabilitation, and Education, and by the Federal Supplementary Security Income program. Provision of furniture and appliances, repayment of the mortgage, and operation and management of the projects were the responsibilities of the nonprofit sponsor.

As of 1976, projects are being operated in 16 locations. They were funded with the help of the Section 236 program which has since been suspended. This, combined with the difficulty experienced in

(29) President's Committee on Mental Retardation. Mental Retardation: Trends in State Services. Washington, D.C.: Government Printing Office, 1976.

marketing the Authority's moral obligation bonds, has somewhat slowed the program, although the Authority is searching out ways to continue it (30).

Virginia. The Virginia program is a slightly different example of joint financing. The Virginia Housing Development Authority is providing for the first time this year (1976) construction and permanent mortgage loan financing for the rehabilitation or construction of multiple-occupancy rental housing developments for mentally retarded adults. The Authority will use the Section 8 program for the needed rent allowances to bring costs within the paying ability of occupants. The first project is going forward in Northern Virginia.

Ohio. In 1963 this State instigated an experimental housing program in response to deinstitutionalization. The plan was aimed at providing a better environment for non-psychotic older people residing in State mental institutions, as well as reducing State institutionalization costs. Using Federal funds, public housing authorities in Toledo and Columbus built regular housekeeping units for the elderly with the understanding that from 20 to 25 percent of the tenants would be selected carefully from the patients in a hospital in each city. Because Federal funds at that time could not be used to pay for public spaces, the State donated the land, and with the savings in land costs, the public housing authorities could fund the extra community space needed for additional supportive services. The State further agreed to accept responsibility for providing necessary services during the full 40-year amortization period. The services, including meals, preventive health care, housekeeping aids, and recreational and social programs, are provided by State hospitals, the Commission on Aging, the Department of Public Welfare, and other departments. The State responsibility for services is covered by a 40-year Federal-State contract, thus spanning the amortization period.

A State-Initiated Program - Pennsylvania

Some States have developed their own programs, relying usually on nonprofit sponsors and service-oriented State agencies or departments. In Pennsylvania, housing for the retarded is considered one of the service programs and is funded through the Division of Mental Health of the Department of Public Welfare. Criteria, based on their level of competence, are used to determine the type of persons who will be in a given facility. Prior to the eligibility determination, the potential occupant must be part of a day program where evaluation can determine his readiness for community-based housing. The Counties submit their

(30) For details on the development of the Michigan program, see Reference #2, p. 109.

plans, which include housing needs, to the State. If housing is in the approved plan, the Division of Mental Health provides funds for either purchase or rental of appropriate quarters. The county provides the service element, working through local nonprofit professional organizations. The resident helps defray costs from SSI or other income, including that derived from employment.

Under this initiative in Pennsylvania, the Pittsburgh United Cerebral Palsy Associations have also developed a program to provide a supervised apartment setting for nine developmentally disabled adults who are mildly to moderately retarded and have some type of motor disability that is not severe enough to prevent independence in transferring (from bed to chair and back), cooking, and grooming. Participants for the program are selected by the State Department of Mental Health/Mental Retardation.

Response to Deinstitutionalization - Wisconsin and New York

Other States have initiated housing efforts, but often these have been hit-or-miss attempts to cope with emergencies resulting from a state-wide deinstitutionalization policy. In Wisconsin, a Community Residential Care Task Force was organized in 1971 to facilitate the development of community living systems for developmentally disabled individuals and to formulate guidelines for the development of future standards, legislation, and planning. The proposed program for the developmentally disabled and the mentally ill authorized family care in either a carefully selected, private family home or a group home, with continued supervision by the State or county hospital or colony (31). Operating funds of the hospital or colony would pay for care, board and room, laundry, restorative services, travel, and other related services for no more than four residents placed in a regular private home or eight children or adults residing in a group home. In order to qualify for categorical aids and medical assistance under the Social Security Act, agencies other than colonies and State or county hospitals could obtain a permit for adult family care through the County Welfare Department and the Division of Mental Hygiene. The Division began implementing this program in 1972; in early 1973, 100 developmentally disabled persons were relocated in community residential facilities. Wisconsin also received two HEW grants to develop two group homes for the developmentally disabled and to develop plans for bringing the colonies of the developmentally disabled and mentally ill into compliance with standards established by the Accreditation Council for Facilities for Mentally Retarded(32).

(31) "Colony" refers to a State institution for developmentally disabled or mentally ill persons.

(32) The name was changed in 1976 to the Accreditation Council for Services for the Mentally Retarded and Developmentally Disabled.

In New York State one answer to the closing of mental institutions and hospitals has been the development of hostels for the mentally retarded. The State Department of Mental Hygiene is the certifying agency and works closely with the New York City Department of Mental Health and Retardation Services to set up the hostels. Community service teams of the State Development Centers help in assisting agencies to arrange for back-up services. The State can pay up to 50 percent of a hostel's operating cost, with the remainder made up from SSI or private fees. Although the State mainly provides rental assistance, some acquisition assistance may be offered. The sponsor of the hostel is supposed to provide buildings that are zoned for multiple occupancy, meet fire and safety codes, and are near transportation, community facilities, and churches (33).

Privately-Sponsored Efforts

A review of this field indicates that the magnitude of these efforts has depended on the type of sponsoring organization, the population to be served, and the specific goals the program seeks to achieve. Some private sponsors have provided transition housing for handicapped persons discharged from institutions or released from nursing homes, while others have sought to provide permanent environments. In some cases, the efforts of private sponsoring groups have reflected European experience in this field, especially that of the Fokus society.

Privately-sponsored projects range from clusters of cottages to scattered apartments, from owner-occupied units to rentals. Many projects for the developmentally disabled, including the mentally retarded, are relatively small group homes with houseparents and proximity to sheltered workshops or day care centers. Projects for the physically handicapped are often larger, such as the Handicap Village in Des Moines, Iowa, which, when fully developed, will house approximately 100 handicapped persons. Housing efforts for and by small groups of physically handicapped adults have also been undertaken. Some groups, such as Independent Living for the Handicapped, Inc., New York City, have concentrated on locating accessible apartments for persons released from nursing homes.

(33) Dumpson, J.R. and Davenport, H. A guide to establishing community residences for the mentally retarded (hostels). New York: Human Resources Administration, 1975.

Private organizations have demonstrated initiative in developing housing for handicapped persons, but the extent of their efforts has been relatively limited. Many such organizations are nonprofit and have had to struggle to get their proposals funded and their ideas realized. State grants and loans have been used to support the service elements, while Federal programs have subsidized the housing. Many nonprofit groups are subsidiaries of large public interest groups or charity associations, such as Goodwill Industries or the Salvation Army, which have made available additional sources of financial and service support. Although many private sponsors rely on multiple funding sources, most have encountered difficulties in coordinating them.

Not all private attempts have provided successful and desirable housing, but their experiences in utilizing applicable Federal and State legislation can serve a useful function in evaluating the effectiveness of such legislation (34).

Advocacy and Other Organizations

There are numerous organizations that have impact upon the housing opportunities made available to handicapped persons. These can take the form of advocacy groups, housing organizations with an interest in disabilities, or national associations representing certain types of handicapped problems. Although some may not develop housing themselves, they may develop related standards or serve as advisory groups or as information and referral centers.

In their role in advising Federal agencies, the President's Committee on Employment of the Handicapped and the President's Committee on Mental Retardation do much to heighten public awareness of issues concerning the handicapped. They disseminate information, some of which relates to housing, and also exercise important national advocacy, fact-gathering, catalytic, and advisory functions.

The National Housing Partnership (NHP) was established under Title IX of the 1968 Housing and Urban Development Act to urge private enterprise to enter the field of low and moderate income housing. It provides a local representative to assist in negotiations with builders, developers, nonprofit organizations, and other sponsors of such housing. Associates of the NHP are HUD-approved mortgagees and housing consultants. In Minneapolis, Minnesota, the NHP cosponsored, with a local housing development corporation and an association of handicapped persons, the development of 90 apartments for the handicapped. It was financed by a direct, non-insured loan from the State housing finance agency and received Section 236 subsidies.

(34) For a description of five privately-sponsored projects for the handicapped in five States, see Reference #4, pp. 114 - 116.

Private associations also are important in furthering the development of housing information and programs. The National Easter Seal Society helped develop the architectural guidelines that became the ANSI Standards in 1961. The Association for Retarded Citizens (ARC) has a National Office and State branches, many of which are active in the housing field; several ARC branches applied for Section 202 housing loans in 1976. The United Cerebral Palsy Associations (UCPA) also is interested in housing, and its monthly publication, Word from Washington, is a valuable resource to local groups wishing to follow legislation in housing and other areas. The Accreditation Council for Services for the Mentally Retarded and Developmentally Disabled has issued standards and operational criteria to assure adequate treatment in residential homes.

These various organizations all play a major role in this country in that they act as pressure groups for the enactment of legislation related to handicapped people and frequently provide the innovation and experience that lead to increased or new Federal, State, or local efforts. They also help to fill gaps in Federal program activity.

Related Experience in Western Europe and Canada

In general, in Western Europe and Canada housing programs for the handicapped have been in the process of development longer than in the United States (35). For the most part, they have been derived from a national policy on housing that includes consideration of specialized housing needs of different user groups. The elements of these programs are determined, to some degree, by the system of government of each country. In Sweden, for example, where much of the housing production is Federally subsidized, the Government pays a high percentage of special housing costs, while in the German Federal Republic, where voluntary organizations have prime responsibility for producing this type of housing, national housing policy is basically concerned with standards for accessibility. Regardless of the type of program, each has generated experiments in special housing yielding experience that has been used worldwide in creating more suitable living arrangements for the handicapped.

The current trend in many of these countries is toward integrating the handicapped person in the community rather than isolating him in either an institution or a village built for the handicapped. Consequently, while few countries have required building standards, most are concerned

(35) U.S. Department of Housing and Urban Development, Office of International Affairs. Foreign programs for the housing and care of the handicapped. -- a compendium of foreign experience. HUD International (Information series 30). Washington, D.C.: the Department, 1974.

with the accessibility of dwellings. Their programs are geared toward including accessible dwellings in new developments, and they frequently suggest or require that a percentage of new apartment units be specially designed. There is some tendency, however, to congregate accessible dwellings near centers for employment, health care, and services. A well-known example of integrating living arrangements into the community is the Fokus Society housing program. Although primarily a Swedish organization, Fokus Societies have been formed in Germany and The Netherlands, and Fokus-type apartment designs have been used in Canada and the United States.

Sweden - the Fokus Society

The Swedish Fokus Society is a nonprofit organization founded in 1964 and funded by the Swedish Government to design a model of a barrier-free apartment that would help integrate the severely disabled into the community. Fokus units, developed by others and rented by the Society, are specially designed service flats clustered in groups of about 12 to 20 units and scattered throughout family apartment buildings in order to promote integration of handicapped and non-handicapped persons. The design of the units is particularly sophisticated, with nearly everything in the kitchen and bathroom adjustable in various ways to fit the size, height, reach, and coping capacity of a handicapped person. The units, which often are located one or two per floor, also have a service unit nearby where the staff room, laundry room, communications terminal, and specialized bathing facilities are located. Communal lounges and recreation rooms are shared by all the apartment complex residents.

The Fokus Society puts much emphasis on independence and self-reliance, concentrating on training handicapped persons to take care of themselves rather than on caring for them. Consequently, the Fokus tenant is expected to assume responsibility for his own life. He must rent his flat on the same terms as other Swedish tenants, paying for it and furnishing it himself. If his pension is insufficient to cover the full rent, the Society pays the difference. The Fokus tenant also buys and prepares his own food but may have assistance, if needed, from the Fokus central service staff. Health services are provided through the community medical or hospital program available to all in Sweden. Because the Society serves the severely disabled needing some assistance, personal services and attendants are part of its program, but the service component's main purpose is to offer the tenant the opportunity to manage his life without help or with minimum essential help.

Great Britain - Cheshire Homes

In contrast to the Fokus Society's emphasis on design and accessibility of dwelling units within the community's mainstream, the main focus in Great Britain is on service elements in various types of housing - on permitting a flexible approach to the needs of handicapped persons. Such concerns as the suitability of living arrangements for

those people needing nursing care and the possibility of alternatives for the multi-handicapped who are not sufficiently covered by a program of only domiciliary support have been considered in the housing policy, and it has been decided that in the end all of these issues have to be determined locally, depending on the help which tenants require and on the level and organization of supporting services. It is felt that a strong service system will provide more housing alternatives than a policy concentrating solely upon housing production.

An example of this point of view is Cheshire Homes, Inc., the British voluntary agency that has sponsored more than 150 homes around the world. These are permanent group homes for up to about 25 severely physically handicapped, but mentally alert adults between ages 18-50. Residents help in the planning of the home which has services provided and paid for through a nationally-determined program.

Canada

European policies and experience have been influential in the development of Canadian national housing policy for the handicapped. As a result, most Canadian authorities regard normalization as possible for almost every handicapped person and attainable in community-based residential facilities. Consequently, their aim is to establish a variety of living arrangements and service programs for many types of handicapped persons, with the housing varied in terms of location, size, type, and degree of specialized design and including both subsidized and non-subsidized projects. Recommended types include: a large quantity of accommodations with a minimum level of accessibility available to handicapped and non-handicapped people; some residential group homes with a family-type atmosphere for small groups of no more than 10 handicapped persons who need and/or want mutual support from others with similar conditions, plus a resident manager and required staff; apartment buildings with about 10 percent of the units specially designed and serviced for handicapped and elderly and having centralized space for offices and therapeutic facilities; and modified family houses. It is also recommended that these types of housing be accessible, but there are no such mandatory design standards for either public buildings or residential facilities. Regulations published in Supplement Number 5 to the National Building Code, "Building Standards for the Handicapped," become effective only when the document is adopted as a municipal by-law (36).

(36) Central Mortgage and Housing Corporation. Housing the handicapped. Ottawa, Canada: the Corporation, 1974.

In addition to programs concerned with accessibility for the physically handicapped, Canada also has a housing program for the mentally retarded. All except the most profoundly retarded are included in the program which establishes group homes or hostels for 10 mentally retarded individuals. Supervision is carried out by a trained couple, while household chores, such as meal preparation, are shared by residents. The group housing is financed under Section 15 of the National Housing Act which makes available to a chartered nonprofit organization a 50-year mortgage loan up to 95 percent of the lending value. New amendments to the Act have raised the limits of the loan to 100 percent and added planning grants up to \$10,000 and further capital grants of 10 percent. Some provinces also may provide disability payments to residents and per diem grants to meet both operating costs and mortgage loan repayments. During 1971-72, 16 loans were made under Section 15, providing more than 350 hostel beds (37).

(37) de Jourdan, A. Specialized housing helps mentally retarded. Habitat, 1973, 1 & 2, 2-5.

3.

SELECTED HOUSING RESEARCH

An overview of selected literature in this field reveals current concentration on the planning and design of housing for the physically handicapped, including the two most critical features - the bathroom and kitchen and equipment for them. Most of the many studies on design criteria deal with wheelchair specifications and spaces, focusing on orthopedic problems and tending to overlook sensory and stamina impairments (38). Environmental design, covering both physical and social accessibility and acceptability, has been less emphasized. But there is a trend toward more research on the total environment, combining housing and its surrounding environment as a single design component.

Also emerging is a trend toward research in the social-psychological field, including evaluation of the handicapped themselves as they relate to the community and to living arrangements. Scientists are beginning to pinpoint the impact of the living arrangement, particularly as it relates to adaptive behavior and adaptive housing. However, this social-psychological literature is basically conceptual, philosophical, and highly specialized, dealing primarily with the desirability and justice of appropriately served community-based arrangements or treatment facilities and centers. The research bridge has not been adequately crossed between the behavioral scientist and the housing developer.

The relative scarcity of social-psychological research is especially true for the mentally retarded. There appears to be a common thread of agreement in this country and abroad that community-based housing will promote normalization and is a viable alternative to institutionalization. Some participant observation and ethnographic studies have been conducted on the attitudes of mentally retarded individuals located in institutions or in the community; but, in general, there is limited qualitative research evaluating the retarded individual's preference for and experience with group home living as a means toward normalization (39). The need for social research into the appropriateness of community-based residential facilities for certain groups of handicapped people has been recently recognized by housing developers and programmers.

(38) Steinfield, E. (ed.) Human factors research on buildings: standards for accessibility to disabled people. Syracuse, N.Y.: School of Architecture Research Office, Syracuse University, 1975. (Mimeographed).

(39) Rhoades, Cindy. A sociological challenge to normalization as applied to community alternative residential facilities, pp. 16-18. Working Paper No. 86. Eugene, Ore.: Rehabilitation Research & Training Center in Mental Retardation, University of Oregon, 1975.

There is little evidence that the findings of behavioral scientists or socio-medical interests have impacted on the policies that underwrite the appropriate development of community-based housing. This could account for the more pragmatic research approach of HUD and of HEW's Rehabilitation Services Administration. Recent studies funded by these agencies speak directly to the policy determinations and operational regulations required to achieve local housing production responsive to the functional capacity of handicapped occupants. They also are directed to the need for a services delivery system to support the housing efforts being made by States and communities.

Although housing research has been carried on by a variety of research-oriented organizations, the HUD-developed program is considered to be a "central point for research, analysis, data collection, and dissemination" (40). Title V of the 1970 Housing Act authorized and directed the HUD Secretary to undertake programs of research, studies, testing, and demonstrations related to the mission and programs of the Department. In addition, demonstrations of ways to resolve problems of special-user groups, including the elderly and handicapped, were encouraged in Section 815 of the 1974 Housing Act. In response to this charge, the HUD Special User Research Program is carrying out studies related to policy formulation and standards for housing for the elderly or handicapped. Its focus is on five areas: 1) improved design and technology; 2) financing mechanisms; 3) service delivery; 4) housing management; and 5) integration of past findings into current operating programs.

Design Studies

Supported by HUD

As a part of an effort to establish adaptational design standards, several studies have been funded by HUD. The Battelle Institute, Columbus, Ohio, is at work on a cost study to determine expenses entailed in making housing accessible or adaptable for persons with various degrees of disability. Assuming the integration of the disabled with the able-bodied, the study will attempt to cost out special adaptable design features included in the building during construction and to itemize the costs of special management operations. Interviews with both handicapped persons and managers of special housing will be held to assess benefits. If the cost of accessible or adaptable design is found to be prohibitive for all housing, the study is to suggest how many adaptable dwelling units could feasibly be built in conjunction with those regularly designed. The results, expected sometime in early 1977, are intended to be used in determining Departmental policy and standards for planning, management, and delivery of services.

(40) U.S. Congress. Senate. Special Committee on Aging. Developments in Aging: 1975 and January - May, 1976, Part 2 - Appendixes, p. 144. Washington, D.C.: Government Printing Office, 1976.

St. Andrew's Presbyterian College, Laurinburg, North Carolina, is the recipient of another HUD contract for the study of housing design. The study entails an examination of architectural and psychological aspects of an experimental housing program for physically handicapped persons in which mobile homes are architecturally modified according to the degree of disability of the individual expected to be housed. Experimentation thus far has indicated different design modifications of kitchens and bathrooms for paraplegics, average quadriplegics, and severe quadriplegics (41). The results also are expected to offer design suggestions for efficient and economical rehabilitation of existing housing. In addition, residents of the experimental mobile homes are the subjects of an HEW grant to test the feasibility of using peer-group student aides for handicapped students.

Environmental design features are addressed in two other HUD-funded studies. The first, undertaken by the American Society of Landscape Architects Foundation, is completed and published (42). Its purpose was to research and develop design guidelines for barrier-free outdoor environments, the assumption being that accessible housing alone does not completely facilitate normal interaction with society. The guidelines, illustrated by graphics and dimensional factors, cover such topics as walks and intersections, waiting areas, drop-off zones, parking facilities, vegetation, lighting, signs, and other appropriate site elements.

The second is a two-year research project (1975-76) by the School of Architecture of Syracuse University to develop and test building standards for making residential structures accessible and usable by the physically handicapped. It will also suggest revisions of the 1961 ANSI A.117.1, the existing model standard for accessibility and usability of public buildings. This project is intended to ensure that newly developed standards for housing are valid, effective, and acceptable to consumers, the industry, and design professionals. Other benefits are anticipated. It will also suggest revisions and improvements in HUD Minimum Property Standards and provide a basis for updating the 1968 Architectural Barriers Act (43).

(41) Decker, W. (ed.) Research on housing needs for the severely handicapped: interim report. Laurinburg, N.C.: St. Andrew's Presbyterian College, 1975.

(42) American Society of Landscape Architects Foundation. Barrier-free site design. Washington, D.C.: U.S. Department of Housing and Urban Development, 1975.

(43) Steinfield, E. (ed.) Human factors research on buildings: standards for accessibility to disabled people. Syracuse, N.Y.: School of Architecture Research Office, Syracuse University, 1975. (Mimeographed.)

In order to observe related European design standards, HUD sponsored a study tour in 1975 to several countries in Western Europe. The report of the study tour concludes that many of the design solutions studied can be adapted to this country (44).

HUD is further proposing research to study and demonstrate community-based small group homes as a housing alternative for handicapped persons. However, this proposal has been redirected to an evaluation study and analysis of the eight group homes selected in April 1976 for Section 202 fund reservations. It is expected that future research on group homes will attempt to determine sources of financing other than Section 202 and to develop a new system for providing this type of housing alternative.

Supported by HEW

In addition to these HUD-funded design studies or proposals, the HEW Region III Office funded a three-year study (1973-1975) on the development of a short-term training program for student design professionals. The project was "undertaken for the purpose of incorporating into the training of future architects, landscape architects, and environmental designers a sensitivity to and understanding of the special needs of the developmentally disabled in our population" (45). Participant schools had courses in which design features in housing and the environment were examined, and conferences were held at the end of each year, at which the student design projects were exhibited and reviewed. A total of 11 schools located in Region III participated in the study project.

Another HEW study grant was awarded to the National Association of Housing and Redevelopment Officials to undertake the development of guidelines for public and private interests in local communities that would serve as a stimulus to the development of housing for the handicapped in non-institutional settings. Carried out under a subcontract to the International Center for Social Gerontology, the end product is a Guidebook containing "how to do it" information, ranging from how to assess the local market for such housing, to available resources for assistance, to prototype approaches particular to different sizes and

(44) Greenstein, Deborah, Gueli, C. and Leonard, D. No one at home: a brief review of housing for handicapped persons in some European countries. Rehabilitation Literature, 1976, 37, 1, 2-9.

(45) Johnson, D.L. (ed.) Design for the disabled: summary report of short-term training for student design professionals. Philadelphia: Dennis L. Johnson/George William Smith Partnership, 1975.

and types of communities. The book is to serve as a reference resource for the design, development, and management of housing for the handicapped as well as a training guide for trainers of local housing sponsors and managers (46).

The Building Research Advisory Board (BRAB) of the National Research Council has underway two research efforts funded by HEW concerning accessible design. The first, "Building Design Criteria for the Disabled," is to assist the Architectural and Transportation Barriers Compliance Board with coordination of all Federal agency efforts to provide accessible facilities, including as tasks the identification of deficiencies in buildings and facilities utilized by handicapped persons and the development of recommended functional requirements necessary to overcome the deficiencies, of design criteria that will address those requirements, and of mechanisms to collect, correlate, and disseminate information concerning environmental accessibility (47). The second study entails the development of a strategy to educate and orient the building and development community "to be responsive in its procedures and practices to the needs and concerns of the disabled." Representatives from groups interested in the results of this type of education program -- policy makers, disabled individuals, organizations for the handicapped, the building community, and the society at large -- are involved in the project (48).

While group housing for the mentally retarded is commonly conceived as requiring no special architectural features, one study suggests that the physical setting as well as design features have a significant relationship to the success of housing for the mentally retarded (49). In another study, it is recognized that the architect must be a vocal and valid member of the interdisciplinary team (50).

(46) Thompson, Marie M. Housing for the handicapped and disabled: a guide for local action. Washington, D.C.: National Association of Housing and Redevelopment Officials, 1976.

(47) - (48) Building Research Advisory Board. Description of building research advisory board programs related to the disabled. Washington, D.C.: the Board, 1975. (Mimeographed.)

(49) Kaiser, H.H. Developing the advocacy role in environmental design. Syracuse University Law Review, 1972, 23, 4, 1119-30.

(50) Gibson, A.G.L. Architecture and the mentally retarded. Mental Health in Australia (Sydney), 1971, 4, 2, 82-90.

Social Research

While current social research in this field has lagged behind the push for "how to" knowledge, limited descriptive and experimental research has been conducted to evaluate resident satisfaction with the level of services offered.

One such specialized study attempts to "identify the needs and obtain a picture of the life styles of aging, mentally retarded individuals (age 40 and over) living in community settings in Ohio " (51). In order to establish a national picture and a more specific universe for Ohio, information was obtained through surveys of and interviews with different groups in contact with the subject population. Surveys were taken of: 1) all State Departments of Mental Retardation regarding plans for research or programming designed specifically for aging retardates; 2) a group of professionals and community agents concerned with this population to ascertain their perceptions of its needs; 3) the files of aging retardates on the rolls of the Office of Protective Services (Ohio Division of Mental Retardation); and 4) a small group of parents or retarded adult offspring, regarding the future needs of the latter. In addition, mentally retarded individuals were interviewed regarding their own perceptions of their needs. The study found little State action in either research or programming. The findings indicated that aging retardates are almost totally dependent on their caretakers who in turn strongly influence their life styles. This suggests that "the place of residence may not be the link between the individual and the community; rather, it may well constitute the totality of community participation for this population."

In an attempt to establish a methodology and some measurements to determine the level of services and long-term care that would best match an individual's needs and preferences, a research effort funded by HUD was conducted at the Hebrew Rehabilitation Center for the Aged (52). In this study the handicapped population was described in functional terms rather than through disease categories, and various quality of life indicators were identified as a basis for the proposed assessment methodology. The methodology itself consisted of four task levels.

(51) Kriger, Sara Finn. Lifestyles of aging retardates living in community settings in Ohio. Columbus: Psychologia Metrika, 1975.

(52) Sherwood, Sylvia (ed.) Residential environments for the functionally handicapped. Task 4: population description and identification. Boston: Gerontological Society, 1975.

In the first stage, human service clinicians assessed a sample of the handicapped population to determine required housing and housing-related service features. This matching of individuals to type of housing and/or services was based on controlled-impact research in which measures from interviews of previously matched residents were used as criteria for evaluating the appropriateness of the match. An interdisciplinary clinical team made the assessment judgments in the absence of this kind of experimental data. It was found that the interdisciplinary teams were relatively accurate in determining a suitable housing match and that some people did need and were satisfied with a high level of services located within the housing, suggesting the need for an institutional type of care. However, it also was found that typological assessment made by a clinical team was a relatively expensive method of matching. The second methodological task was to generalize from the information gathered in the previous task in order to establish distinct subgroups based on similar functional ability and outlook on life. Housing and service features then could be correlated with each group to compensate for or overcome functionally-related task dysfunctions. In the third stage, a subsample of each group was to be reevaluated, with a concentration on functional ability related to architectural design. This is the area expected to reveal research needs. The fourth stage of the assessment methodology was to repeat surveys and subgroupings at periodic intervals to obtain information on basic changes in the handicapped population over time.

A low-rent public housing project was the site of another HUD-funded social research effort. Undertaken at Highland Heights in Fall River, Massachusetts, this three-year study was an attempt to determine the short-term impact of sheltered housing on the health and well-being of elderly and disabled persons, with an intent to establish an efficient pattern of delivery and utilization of health and social services (53). It was found that, in the short run, a specially designed residential facility combined with social and medical services does have a beneficial effect. The study suggests, although it does not demonstrate, that architecture, site location, and sound structure may lead to improvements in the quality of life for residents of sheltered housing. Areas for further research are examined as a fourth part of the study. As a companion grant issued by HEW, a five-year study also is underway at Highland Heights in which the original sample of respondents are being evaluated over a five-year period to see if the short-term results found in the first study continue over longer periods of time.

(53) Sherwood, Sylvia, and Greer, D.S. (eds.) The Highland Heights experiment. Washington, D.C.: Government Printing Office, 1973.

II.

ISSUES IN THE DEVELOPMENT OF
HOUSING FOR THE HANDICAPPED

4.

COMPONENTS OF A HOUSING PROGRAM

The urgent need for a many-faceted program of community-based housing for the handicapped is highlighted by the convergence within the last decade or so of a general acceptance of the normalization principle and of an increasing effort for deinstitutionalization. In general, such housing falls into two categories: 1) homes designed for independent living in the community with services available as needed and 2) homes planned for group living with related services provided in-house or in the community. Within these categories there is a range of housing types and alternatives. It is obvious that group housing of whatever kind must be accompanied by a community system of services. Long-term care facilities will still be needed by some to complete the cycle of housing options related to function. But there is little doubt that the strong trend toward community-based housing for most persons with handicaps, together with a lessening emphasis on dependency-creating institutions, will continue.

In the 1974 Housing Act the Congress clearly indicated its intent that housing be produced for the physically handicapped, the mentally retarded, and the developmentally disabled. Although the Act did not specify guidelines to assure the most ideal solutions in the types of housing and the extent of services needed or to decrease errors in concept or design, it did open the door to a broad national program of specialized housing by expanding eligibility to all handicapped and by directing the Secretaries of HUD and HEW to consult on ways to merge the provision of both housing and services. Furthermore, there is a growing readiness of housing sponsors in many communities to carry out the intent of the Act. Among many of these groups the living arrangement is perceived not only as a service, but also as a service base that can increase the efficiency and efficacy of other programs designed to offer the handicapped greater independence and a more normal relationship to community life.

Yet this increased interest in developing housing for handicapped persons raises the question of whether first-time housing sponsors have the knowledge and expertise necessary to formulate a feasible and fundable plan and to assure the services required within the paying ability of the occupants. While mildly physically handicapped persons can be accommodated in most communities simply with the removal of architectural barriers, housing for the moderately or severely handicapped must rely on the service element to support the individual, and these services in turn will help determine operational feasibility. In a survey last fall (1975) by the Consortium Concerned with the Developmentally Disabled, Task Force on Housing, the responses revealed four basic concerns of local chapters:

- 1) There is an overwhelming need for Federal assistance programs to initiate specialized housing for persons with disabilities.
- 2) All concerned parties lack adequate, detailed information regarding the potential benefits offered by the 1974 Housing Act and housing for the disabled in general.
- 3) The sheer complexity of HUD-supported programs has discouraged local organizations working for the disabled from becoming actively involved in the housing and community development process; decisions are made at all levels without the benefit of a clearly enunciated national housing policy developed by HUD.
- 4) The quality of program data collected by HUD related to specialized housing for the disabled is often questionable -- information is uncoordinated and most incomplete (54).

The leadership roles of HEW and HUD in this emerging demand for information and knowledge are obvious. Since the variations in the functional ability of the handicapped clientele are so wide, there is, of course, no one answer either to specific housing types or service needs. Housing sponsors may design, build, and own specialized housing; they may purchase structures and rehabilitate them if needed; or they may rent or lease appropriate housing in their communities. There are housing programs that respond to all these three methods. The danger inherent in this burst of interest and enthusiasm is that, despite good intentions, the housing developed may end up being a shelter-only program with the needs of the clientele not fully known, not adequately served, or not respected. The major informational and guidance responsibility appears to rest with HEW since HUD has little, if any, staff knowledgeable in this field.

Principles and Goals

The simplest definition of housing is shelter -- one of the basic necessities of life. It has always meant more than shelter, however, and especially so for handicapped adults:

(54) The results of this survey came from affiliates of the National Association of Coordinators of State Programs for the Mentally Retarded, the National Association of Private Residential Facilities for the Mentally Retarded, the National Association for Retarded Citizens, the National Easter Seal Society, and the United Cerebral Palsy Associations.

Housing (for them) has become the blanket word for the problems of education, training, employment, transportation, architectural barriers, recreation, attendant care, and living arrangements....Because of the complexity of individual differences, there must be many choices: services brought into the home, shared apartments, transitional arrangements, adaptations of existing dwellings, provision for (some) percentage of disabled and elderly in future apartments and "new towns" and a range from apartments to mobile homes, from insurance plans to nursing home wings, day care centers, and foster homes (55).

Accordingly, housing policies for adults with one or more handicapping conditions must reflect a comprehensive approach that makes provision for the total environment, special facility and dwelling unit design, and a housing-with-services program to sustain a normal, community-based living arrangement. The goal is to provide a variety of types of living arrangements that enable handicapped persons to enjoy choices and options comparable to those available to the able-bodied. For some, the housing will be a permanent abode; for others, a transitional setting, followed by relocation to a different environmental level as the person's ability for personal care maintenance and adjustment to normal community living increases.

When developing housing of any type, the primary principle to follow is "normal" to the degree possible, including residential design. In various locales some housing can be readily adapted for use, even though it may not be ideal in all aspects. HUD is currently emphasizing such use of existing stock. New housing can be easily and more economically designed to facilitate coping with the environment. Sometimes no housing is usable without some assistance to support the adaptive limitations of the occupant. In all cases the structure should:

- 1) Be conventional in appearance, as undifferentiated as possible from surrounding living arrangements for non-handicapped persons. It should avoid presenting any institutional character that would set it apart in either design or operations from the normal.
- 2) Fit the type and scale of the neighborhood and "congregate" no more handicapped persons than can be absorbed into the neighborhood or community.
- 3) Offer a home environment (with supervision and guidance as needed) in neighborhoods within the mainstream of community life, thus expanding opportunities for life experiences appropriate to the functional level and the learning needs of the individual.

(55) Anonymous. Housing and home services for the disabled in the U.S. Rehabilitation Gazette, 1973, 16, p. 38.

- 4) Provide easy access to necessary supportive, habilitative, and rehabilitative programs based on the developmental model (56).

When planning specialized housing (in particular, as a national program), assumptions must be carefully scrutinized. Many handicapped persons may prefer to live in the community among able-bodied persons, not be set aside and classified as "different" by being clustered with others having similar disabilities. Again, if a person's choice is to live as a member of a special group, it should not be assumed that similar handicaps create a natural bond that results in completely satisfying household companions. Similar diversity of interests as is present among non-handicapped persons should be anticipated. Experience has demonstrated that having physically handicapped young persons living in a development for the elderly where the average age of residents may be in the 70's or 80's is not a preferred arrangement.

Some persons with more severe functional difficulties may feel more comfortable residing with others experiencing a similar problem; they may want or need the mutual support found in living with small groups of disabled persons. The need for barrier-free design and special services probably will dictate the housing choice for the severely handicapped, the service component having equal weight with the housing consideration.

Population to be Served

The category of the handicapped population to be served will largely dictate the type of housing and the nature and extent of the services to be provided. Chart 3 on the following page presents a classification of persons by categories of handicap and the degree of severity. It should be pointed out that persons who are developmentally disabled may have only physical problems, or only retardation, or a combination of physical and mental handicaps. Among persons in all categories, the levels of functional ability will vary.

All disabling conditions include persons age 62 and older, and this segment of the handicapped population may require special consideration. More than one million elderly are confined to their homes, while millions of others struggle to cope with handicapping conditions that threaten independent living. Their vulnerability is heightened by age-associated health losses, including visual and hearing impairments, by reduced mobility, and by a declining capacity to overcome architectural and transportation barriers.

(56) These guidelines are a synthesis of those enunciated at the First National Conference on Housing and the Handicapped held in Houston, Texas in 1974 and of those set forth by the National Association for Retarded Citizens as principles for residential living for retarded adults.

CHART 3

CATEGORIES OF HANDICAP AND DEGREE OF SEVERITY

Physically Handicapped	Mentally Retarded	Developmentally Disabled
a. Mildly Handicapped -- ambulatory	a. Mildly Retarded	a. Mildly Disabled (either physical or mental or a combina- tion)
b. Mid or moderately Handicapped -- semi- ambulatory	b. Moderately Retarded	
c. Severely Handicapped -- non-ambulatory	c. Profoundly Retarded	b. Moderately Disabled (either physical or mental or a combina- tion)
d. Visually Handicapped		c. Severely Disabled (either physical or mental or a combina- tion)
e. Aurally Handicapped		

The mentally retarded elderly may require further attention. Like other adults in our society, they are living longer. Many have always resided in the protective environment of their family home, but with advancing age many of their parents become either too ill or too frail to continue providing care for them. As a result, there is a growing need for "substitute" homes. These homes perhaps should have a different emphasis and offer different types of assistance or programs than are provided for younger retarded adults. For example, there may be less emphasis on job training and more on medical service. Unfortunately little is being done to determine the potential of retarded elderly persons to continue community living, to cope with the loss of a parent, or to adjust to a new living arrangement. In the absence of appropriate and tested solutions in and by the community, the result may be tragic neglect or assignment to an institution (57).

(57) The nature and extent of this problem is covered in some detail in: Kriger, Sarah Finn. Life styles of aging retardates living in community settings in Ohio. Columbus: Psychologia Metrika, 1975.

Matching Housing and Service Needs

The type of housing to be developed will vary with the type of resident population, and design and operation will be directly related to the functional capacity of the residents. Although funding for all housing types may be derived from the same source, there will be differences in design, services, and operation according to the user group. Many handicapped persons who have only mild physical handicaps or are only mildly retarded can themselves seek and use existing housing stock, given the removal of architectural barriers or given a supportive environment in a family setting. Others cannot use even sensitively designed housing without supportive services (58). Chart 4 relates the major factors in developing a housing plan: degree of handicap, type of disability, service needs, and appropriate living arrangement. (See Chart 4, pages 45-47).

Since most handicapped persons have low incomes, subsidy funds from Federal, State, or local housing agency sources may be needed to achieve rent levels within the paying ability of residents. But, whatever the housing type or source of funding, the key to the feasibility of the operation is the service component, its guaranteed continuing funding, and client eligibility for services. Since most, if not all, of the services are provided for in legislation (even though inadequately so), the prime concern is to combine the planning and scheduling of housing and services so that both can be made available (Chart 5 on pages 48-49 presents a comparison of Federal programs providing for services to the handicapped: for a descriptive summary of these programs, see Reference #6, page 121).

One way to assure the services component would be to have the service agency agree to also manage the housing, thus automatically setting responsibility for the needed services. Since not too many service agencies as yet perceive housing as a basic service and since all service agencies have fund commitments to handicapped persons in the community at large, advance planning will generally be required with service deliverers receiving Federal funds through State agencies. Some Governors who perceive the essential nature of a housing and services program have taken the bull by the horns and "ordered" service agencies to participate in the planning of housing and to be totally responsible for the service components (59).

(58) Descriptions of some options or variations in existing stock that can be used or adapted in a housing program for the handicapped are presented in Reference #5, p. 117.

(59) The Michigan program for mentally retarded adults is an excellent example. See Reference #2, p. 109.

CHART 4

HANDICAPS, DISABILITIES, SERVICE AND HOUSING NEEDS

A. PHYSICALLY HANDICAPPED PERSONS

Handicap	Disability	Service Needs	Appropriate Housing
Mild Ambulant	Some limitations such as walking with a cane, braces, or other orthopedic devices. Usually relatively independent.	None or very few. Perhaps fitting with devices to make mobility possible and training in their use. Occasional medical checkups, some rehabilitation, financial aid for low income.	Normal range of housing options. Special design features desirable but not essential. Residential group home is an option (small), of project type or free-standing.
Mid- or Moderate-Semi-Ambulant	Impairments that cause individuals to walk with difficulty or insecurity and with assistance of mechanical aids, such as prosthetic devices, metal braces, artificial limbs, canes, walkers, crutches (e.g., disabilities caused by amputation, polio, arthritis, spastic conditions, cardiac ills). Relative independence possible with proper training in use of supportive devices.	Training for independent living, provision of appropriate supportive devices. Some personal care needed in some cases. Regular physical checkups and ready availability of emergency medical assistance. Financial help for low income.	Independent living in normal housing with special design features and some personal care available as well as emergency medical assistance. Some occupational training may be necessary. Housing options: normal home or apartment, or small group homes properly designed and serviced. Excessive concentrations of the handicapped undesirable. Integration of small groups with more normal people.
Severe Non-Ambulatory	Impairments that, regardless of cause, for all practical purposes confine individuals to wheelchairs (e.g., paraplegia). Relative independence possible with training and a degree of personal care.	Training for independent living and use of wheelchair. More or less regular personal care, counseling. Supply or fitting of needed orthopedic and other devices. Regular treatment of disability if needed. Opportunities for recreation and socialization. Vocational rehabilitation and training. Regular medical checkups and emergency medical service. Financial help for low income.	May live in own home, a group home or apartment; new or existing if adapted or specially designed; and, if needed, social, medical, and other services are provided, including vocational rehabilitation and transportation. Barrier-free environment essential. Housing integrated into community desirable, whether existing or new, large or small structure.
Visual Disability	Total blindness or impairments affecting sight so that individual is insecure or exposed to danger.	Training for relatively independent living. Secure mobility, training in braille, some personal care, opportunities for recreation and socializing. Vocational rehabilitation. Regular medical service. Financial help for low income.	May live in own home, a group home, or apartment, new or existing, if appropriately designed to help blind find way around and gain security and if appropriate care is provided. Integration with community desirable. Large groupings of blind to be avoided.
Aural Disability	Deafness or hearing handicaps that might make an individual insecure because he is unable to communicate or hear warning signals.	Training for independent living and security. Some personal care. Vocational rehabilitation, recreation, and socialization. Training in lip reading. Regular medical checkups and emergency medical service. Financial help for low income.	May live in own home, a group home, or apartment, new or existing or with family, if appropriate care and training are provided. Integration into community desirable. Large groupings of deaf to be avoided.

Source: Compiled by M. Carter McFarland, Housing Consultant, International Center for Social Gerontology, Washington, D.C.

CHART 4 (CONTINUED)
HANDICAPS, DISABILITIES, SERVICE AND HOUSING NEEDS
B. MENTALLY HANDICAPPED PERSONS

Handicap	Disability	Service Needs	Appropriate Housing
Mild	Has mild impairments due to impaired intellectual functioning, coordination, or adaptive behavior (e.g., cerebral palsy, epilepsy, autism, learning disabilities, or mental retardation). Impairment does not constitute a major impediment to normal, independent living.	Needs some, but not much, care and surveillance. Needs constant training to improve job skills as well as independent adjustment to society. Needs encouragement to live independently. Needs help in getting a job suitable to skills. Also regular medical checkups, availability of emergency medical care. Financial help for low income.	Can live relatively independently at home with family, in small group home, in apartment building, provided necessary services are available. Integration with normal community desirable. Large groupings of mentally retarded to be avoided. Atmosphere should be as normal and homelike as possible.
Moderate	Moderate impairments in intellectual functioning, coordination, and adaptive social behavior. May have some trouble in eating without help, bathing and dressing, making change, use of public transportation, and in adapting to general society.	Needs some care. Needs help in learning to take care of personal hygiene. Needs counseling, encouragement, recreation, socialization. Needs skill training, special education, job placement (possibly in sheltered workshop but probably outside). Needs training in social adaptation. Needs medical checkups, emergency medical care.	Can live at home with family, with home and outside care and training. Can live in a small group home or in an apartment where he is minority, provided necessary services, counseling, and training and education are provided. Small groups, integrated into community are preferred.
Severe	Has substantial difficulty in intellectual functioning, coordination, and adaptive social behavior. Has trouble in eating without help, bathing and dressing, use of public transportation, and in adapting to general society.	Needs constant care and often a live-in, full-time aide. Also needs intensive training in adjustment to society, job skills, etc. Needs periodic physical checkups and emergency medical aid. Poor need financial help.	Many severely mentally retarded are in institutions. But today experts believe even the severely retarded can benefit and progress in a home-community environment with adequate care. Small groups are preferred units in new or existing housing.

Source: Compiled by M. Carter McFarland.

CHART 4 (CONTINUED)
HANDICAPS, DISABILITIES, SERVICE AND HOUSING NEEDS
C. PHYSICALLY IMPAIRED OR RETARDED ELDERLY PERSONS

Handicap	Disability	Service Needs	Appropriate Housing
Mild	Needs little help; can usually take care of self; retardation may take form of physical limitation or mental disorientation.	Needs some help and services, also specially designed housing. Needs opportunities for socialization, recreation. Also periodic medical checkups and emergency medical service.	Can live alone in properly designed unit, with friends or relatives, or in housing designed for the elderly with some services probably including meal service.
Moderate	Needs considerable help and care. May have difficulty working or be confined to wheelchair occasionally. Probably afflicted by stiffness of bone and muscle; is halting of step; is hard of hearing; and is somewhat disoriented.	Needs considerable help and services. Needs specially designed housing. Needs opportunities for socialization and recreation (of the type his condition will permit) or simply needs the opportunity to observe others. Also needs medical checkups and treatment of any specific infirmity, plus emergency medical service.	Needs specially designed housing with services. Congregate housing is ideal for this type. With the elderly, housing with 100 or more units is no great disadvantage.
Severe	Needs substantial help and service; may be greatly disoriented and very frail or crippled. Perhaps confined to wheelchair. May be senile.	A full array of social and medical services.	A nursing home or, in some cases, a congregate housing facility with more than usual services and supervision.

Source: Compiled by M. Carter McFarland, Housing Consultant, International Center for Social Gerontology, Washington, D.C.

CHART 5
COMPARISON OF FEDERAL PROGRAMS PROVIDING FOR SERVICES TO HANDICAPPED PERSONS

	Diagnosis	Evaluation	Treatment	Personal Care	Day Care	Domiciliary Care	Special Living Arrangements	Training	Education	Sheltered Employment	Recreation	Counseling	Protective Services	Information and Referral	Transportation	Vocational Training	Vocational Rehabilitation Devices	Hospitalization	Corrective Surgery	Therapeutic Treatment	Treat/Mental Disorders	Maintenance during Treatment	Interpreter Services	Employment Opportunities	Mobility Training (Blind)	Social Services	Homemaker Services	Health Services	Home Health Aid	Chore Services	Friendly Visiting	Telephone Reassurance	Aid in Obtaining Housing	Nutrition-Meal Delivery	Home Delivered Meals	Foster Care	Home Management, Maintenance	Adult Day Care	Health Support	Family Planning		
Developmental Disabilities Act 1975	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	
Rehabilitation Act 1973	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X														
Social Services, Title XX, Social Security Act							X				X	X	X	X	X							X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	
Disability Insurance, Social Security Act																																										
Vocational Rehabilitation Services, Social Security Act	X	X						X			X	X		X	X		X	X	X	X	X	X	X	X	X																	
Aid to Families with Dependent Children																																										
Supplemental Security Income																																										
Medicare																																										
Medicaid	X	X	X	X			X								X			X	X	X	X							X	X	X										X	X	
Special Transportation Assistance															X																											
Services for Older People																																										
Model Projects for Older People	X							X						X	X								X		X	X	X	X	X	X	X	X	X	X	X							
Nutrition Program for Older People											X	X	X	X	X																				X	X						

Source: United Cerebral Palsy Associations Analysis Paper - Programming Adult Services for Individuals with Cerebral Palsy; Federal Funding Sources - Word from Washington, Vol. 4, No. 3, April 1975.

CHART 5 (CONTINUED)

COMPARISON OF FEDERAL PROGRAMS PROVIDING FOR SERVICES TO HANDICAPPED PERSONS

[illegible]

If all handicapped persons were eligible for home-health services in unlicensed group homes operated by nonprofit or public agencies, another barrier to a broad program of group homes would be removed. This also would increase the possibility of independent community living for more mentally retarded and other handicapped persons in many communities. To achieve this breakthrough, we must recognize the sharp distinction between social needs and medical needs as well as their touchpoints when applied to individuals and their combined need. Until this problem is alleviated, residential living for more severely handicapped persons may be sharply limited, available only to those economically able to pay full costs. This situation suggests the urgent need to deliberately meld interrelated programs rather than legally permit one program to impede the benefits of another, thus defeating the goal and causing undue expense. This relates primarily to the need to link support service and housing programs.

Developing and facilitating this program linkage is a joint HUD-HEW responsibility provided for in the 1974 Housing Act. However, given the divided responsibility between these two agencies and their dissimilar State and local counterparts, there is not an easy solution to the linkage problem. The most practical approach might be to convince the Congress to legislate a package that would include funding for both housing and services for specific groups of handicapped persons. This probably would require the program to be in one rather than two agencies. It also would have implications for State and local service delivery programs.

Assessing Housing Need and Demand

An analysis of the local market for specially designed housing for the handicapped is an essential tool in determining the extent of need and demand in a given area for the alternative living arrangements being proposed or planned. It provides, with some precision, information needed to assure the building sponsor or developer and the funding or insuring agency that the proposed housing is needed and economically feasible, and that early and continued occupancy will yield assets adequate for debt repayment over the amortization period.

The local market survey must also contain estimates of the effective demand for the housing. The existence of a certain number of people with one or more handicaps does not necessarily mean that all will need or want the proposed housing. Information is also needed on a person's eligibility, desired number and size of rooms, preference for types of apartments or houses, number of dependents and required bedrooms, willingness or need to share the facility, requirement for attendant space, and a more precise definition of the individual's level of autonomy — total independence with occasional minimal help; moderate, needing help with most activities; total dependence in nearly all activities, or care. For project planning purposes, it is also useful to know whether a lift or other type of assistance is needed for bathing.

There is currently no methodology by which reliable market surveys are made for housing for diverse levels of handicapped persons. There is urgent need to adapt market survey techniques to this special housing field (60).

Community Attitudes and Zoning

Misconceptions about handicapped persons are rampant, in part because of their "invisibility" which has been caused by barriers to their freedom to come and go in the general environment. Re-education, therefore, is warranted and often can be accomplished by obtaining the understanding, cooperation, and involvement of civic organizations, clubs, neighborhood churches and schools. In some places, it may be possible to introduce some of the potential residents to the neighbors before the time of occupancy; in other places, this effort would be neither needed nor desirable.

Not all persons will spontaneously or readily accept, as neighbors, persons they regard as "unusual." Some may fear an adverse influence on their children, the character of the neighborhood, or property values. One of the underlying ambitions of our society is the desire to move up to better neighborhoods not only for housing improvement but also for exposure to persons of a presumed higher educational or cultural level and a more fulfilling lifestyle -- a somewhat fallacious concept, but dominant. Any development that tends in their minds to decrease the neighborhood value for themselves or their children can be expected to have a negative effect. Such an attitude, born of misunderstandings, can be changed if it exists.

Community attitudes will affect zoning or re-zoning requirements. Despite laws that permit and fund group homes for the mentally retarded or developmentally disabled, location of these homes is subject to local zoning ordinances. Because such residential facilities are a relatively recent development, zoning ordinances enacted many years ago continue to block and frustrate their establishment. Special exceptions or waivers usually must be obtained. The recent study by the College of Law, Ohio State University, whose goal is to help provide favorable zoning treatment for homes for the mentally retarded and developmentally disabled, deals with this problem. It recommends that small homes accommodating eight or fewer residents be permitted on a conditional basis in all residential districts and that larger facilities be permitted in multi-family residential districts. The recommendation of the Law College sums

(60) In the early 1970's research on developing such a methodology for estimating short-term demand was proposed by Bernard Horn, a HUD member of an HEW/HUD committee developing joint recommendations in this field. His observations are presented in Reference #7, p. 125.

up the position that should, in time, be taken by all communities:

Zoning should not be used as a means to exclude either family care homes or group homes. When community homes meet State licensing requirements and State and local building, fire, health, and safety codes, zoning should only be used as a device to control the concentration of such homes on a block and neighborhood basis (61).

Comments on Design

To achieve the personal and social goals of the housing, the architect must be made aware of the needs, capabilities, or limitations of the residents. Only then can he design for the highest expectation of each, including the potential for growth within an atmosphere of comfort, relaxation, and ease.

Budgetary considerations will help determine the extent of in-house versus community services and the spaces needed to accommodate them. Providing too many services in-house, however, deprives residents of the benefits of going into the community to fill many of their daily needs, as others in the community must do.

Environmental competence and personal satisfaction are closely related. The design of the living space, the furnishings, and the equipment should reduce accident hazards and induce a feeling of competence on the part of the resident, despite the use of prosthetic devices. If an existing house is used, it may be necessary to provide aids to permit increased mobility despite the architectural barrier. This refers to the design of stairs, shelves, closets, cabinets, ovens, refrigerators, etc. Care should be taken to maximize their accessibility or provide assistance in negotiating or using them.

Invariably, it will be asked: "What is the additional cost of designing for the physically handicapped?" The most detailed study of such costs was made by the National League of Cities in 1967 using three types of existing buildings: a civic center, a city hall, and a multi-story hotel. It was found that in none of them would the estimated cost of deleting barriers at the initial design stage have exceeded one-tenth of one percent of construction costs. In another apartment

(61) Hopperton, R. Zoning for community homes: handbook for local legislative change. Columbus: Ohio State University, 1975.

building, the cost would have been increased 2.57 percent due to the addition of an elevator. Modifications needed to make these buildings barrier-free after construction would have cost, at most, one percent over original cost.

A national design guide is needed. While there are a number of design resources listed in the section on Sources Consulted in this paper, there is no one guide that overrides a national housing program. HUD Minimum Property Standards provide only limited coverage.

Training of Personnel

Achieving the goals of specialized housing for the handicapped will require skills not yet developed in the housing management profession, which now places emphasis on property care, rent collection, and other business aspects that protect the owner's investment. This priority must change. The overriding concern must be the life satisfaction of residents, and in making this attainable, the manager must understand and appreciate the potential of the residents, be well aware of community resources, and be adept in utilizing these resources to benefit residents by assisting them to become involved in community affairs to the extent each deems possible and desirable. At the same time, of course, the business aspects of the development must not be neglected; otherwise, the environment that makes the achievement of life satisfaction a possibility will be jeopardized.

A program of training and the development of training materials are urgently needed to provide managers of housing for the handicapped with these dual skills. Although there are training resources in the health or property management fields, there are few, if any, that combine social and business aspects of non-institutional housing management. Some States already have perceived this need, one example being the Virginia Housing Development Authority plan to provide at its own expense a special training program for persons selected as resident managers of housing for mentally retarded adults. Managers are to be selected on the basis of attitudes and qualifications "suitable for working with retarded persons and capable of providing guidance and an atmosphere conducive to the residents' effective use of the home."

There is also a need to train house parents for group homes and to devise schedules that, in an orderly fashion, relieve them of responsibility for stated periods, thus helping to decrease the turnover rate (now averaging every six to seven months). If so trained, house parents could command higher salaries - - another deterrent to high turnover.

Cost-Effectiveness of Residential Facilities

The belief that residential care for the handicapped costs substantially less than institutional care is reflected in both the current literature and the policies of many States on deinstitutionalization.

Practically no hard evidence or full specific documentation are available, however, to support this belief. The absence of such evidence is due to the lack of a standard procedure for collecting reliable data, that is, there is no established methodology for gathering and interpreting comparable statistics indicating the relative costs of one or the other form of care. Until such a methodology is developed, cost-effectiveness studies will not be adequate to substantiate government policies dependent on the economic feasibility of residential care.

Assessment of Major Studies to Date

Although there are quite a few publications with a philosophical or theoretical approach to the economics of residential vs. institutional care, only a small number of studies have dealt with this subject. Most have not undertaken an extensive cost analysis based on actual figures derived from experience, and their use for comparative purposes is consequently limited. Cost-effective studies referenced here are those that, although still insufficient, are considered the best on this subject.

Two Urban Institute studies examine the number of elderly who should be serviced in alternative care settings; placements and care utilization under existing programs; and costs in these various settings. Theoretical in nature, the papers were written to encourage more research (62).

A study at the Harvard School of Public Health superficially examines expenses incurred in a residential vs. institutional setting. (63). The results are inconclusive because the data on service costs in residential living are selective and incomplete, while the housing cost data are inaccurate. Taken from one public housing project, the housing

(62) Pollak, W. Costs of alternative care settings for the elderly: a working paper. Washington, D.C.: the Urban Institute, 1973.
_____. Utilization of alternative care settings for the elderly. Washington, D.C.: the Urban Institute, 1973.

(63) Thompson, B. Some cost considerations in the implementation of specialized housing for the handicapped. Boston: Harvard School of Public Health. (Unpublished paper, May 23, 1972.)

data reflect a substantial public housing subsidy with no indication of how much that subsidy reduces rent costs. Omitted is any reference to another important housing subsidy -- the partial or total exemption from local taxes that public housing enjoys. Furthermore, the comparable institutional costs used in the comparison are taken from the per diem per person rate charged by institutions previously occupied by the public housing tenants. There is no way to test how complete these costs are or how comparable are the services provided.

In a still incomplete study by David Stock of the Texas Institute for Rehabilitation, the monthly costs of nursing home care are compared with three forms of residential living: cooperative living, an apartment with shared services, and an apartment with a private attendant. Tentative findings show that (a) the monthly costs for rent, meals, attendant assistance, transportation, and personal needs for the first two forms are only slightly lower than for a nursing home and (b) the cost of an apartment with an attendant is \$100 a month more expensive than nursing home care. The cost estimates, at least for residential care, are incomplete because they do not cover rehabilitation, training, medical, and other services supplied from outside sources. The degrees of handicaps represented are also unidentified.

Although it has its weaknesses, the Greenberg study at the University of Minnesota is a relatively comprehensive analysis of residential costs. Using raw cost figures, the study includes personal and social data on residents and data on the types of services needed and rendered. It also establishes a general rating of a scale of four intervals to measure the degree of handicap, and breaks down residential living costs into a number of relevant categories -- housing and utilities, services, food, etc. -- by degree of handicap (64). However, the treatment of services appears to be incomplete, and the housing cost estimates are weak because they are based on estimates derived from Census figures and not from actual experience.

One Danish study offers a detailed identification of the variety of service needs of Danish pensioners and a methodology with which to examine costs of nursing home vs. at-home care (65). Although the cost figures and sources of service payments pertain to Danish programs, the

(64) Greenberg, J. Costs of in-home services. In Anderson, Nancy (ed.). A planning study of services to non-institutionalized older persons in Minnesota, Part 2. Minneapolis: Governor's Council on Aging, 1974.

(65). Anonymous. Omkostninger ved forskellige boligog pljeformer for aeldre (Expenses involved in various forms of housing and care for the elderly). Social Tidsskrift, 1973, XLIX (no. 6-7), 162-76.

methodology might be replicated in similar American studies. Three pensioners (elderly) groups were selected on the basis of their need for care -- those needing no care at home, those needing limited care, and those needing maximum care, including alterations in the home and the provision of equipment such as a hospital bed. Different levels and types of services for each group were delineated and costed out as a comparison with the costs of nursing home care. The study further examined the comparative costs of housing, nursing, and other services in the pensioner's own home, in communal housing, in a nursing home, and in a hospital (it did not attempt to evaluate the quality and suitability of the different forms of care in relation to the need of the individual pensioner). Covered in some detail are differentials in staff-to-patient ratios in these latter arrangements. Wages loomed as the greatest single determinant of costs.

The study concluded that for persons with serious afflictions and needing full care, there is little difference between nursing home and at-home care. But the costs of home care for less-afflicted persons are considerably below nursing home costs, while hospitalization is clearly the most expensive form of care.

A cost-benefit study prepared by John McGee, Omaha, Nebraska, compared the per diem per person cost of three levels of institutional care with seven levels of residential living. The study describes the general quality of the various types of institutions studied, and an effort is made to estimate the cost of services for different settings. However, from a survey of the tables, it appears that this study is a comparison of the costs of different types of living arrangements and their different levels of services. It does not deal with the comparative costs of institutions and residential care for the same types of handicaps. Indeed, it seems clear from the tables that the different degrees of care for which cost estimates are made must serve persons with varying degrees of handicaps. Furthermore, some of the data used in deriving costs are questioned.

A study by Elwyn Institute, Pennsylvania (funded in 1972 by HEW's Social and Rehabilitation Service, Office of Research and Demonstration) estimated the annual cost for institutional care of some 250,000 retarded children and adults was \$1.5 billion, or more than \$5,000 per person. The Elwyn study suggested that the cost of adult foster care in the community would be about half that for institutionalization. It also estimated that many of these persons could earn as much as \$3,000 a year given opportunities within the community. Thus it concluded that community living would benefit both society and handicapped persons and would possibly provide substantial savings in State funds.

Finally, the sponsorship of a relatively new program of community-based housing for physically handicapped and mentally retarded persons by the Canadian Central Mortgage and Housing Corporation suggested the need for a cost-effective study supporting the feasibility of the program. However, CMHC, having made no such study, based their legislative action

on the obvious need for this type of living arrangement and the improved life style the arrangements were perceived to foster, regardless of any cost-effective considerations (66).

Results from Experience

There are some residential facilities in operation from which comprehensive cost-effective data can be derived. These data could possibly show the economy of the facilities, but unfortunately, figures from them often have not been compared with comparable data from institutional settings. However, it is widely believed that actual experience proves the economic value of non-institutional settings.

A good example of the substitution of residential living for institutionalized living for the mentally retarded can be found in Michigan (67). Although the State's Housing Development Authority has not yet undertaken studies of the cost-benefits of residential vs. institutional care, it has carefully developed cost figures for six of the housing projects. The daily cost for the resident, which includes payments for rent, management, taxes, professional staff, food, transportation, etc., ranges from \$7.64 per person to \$10.62 per person, with an average of \$9.23 per person per day. These costs do not reflect Federal rent subsidies, where used, and they do not reflect the costs of the services provided to the homes by the State services organization. The Michigan plan might provide the basis for a good cost-benefit analysis if the data from this actual experience, the added costs of services, a recognition of the public subsidy involved, and accurate and comparable institutional costs were used.

The deinstitutionalization effort in Ohio is one experience in providing residential facilities for non-psychotic older people, some of whom were released from mental institutions. A wide range of supportive services is provided, including meals, housekeeping aids, preventive health care, barber and beauty services, and recreational and social opportunities. The cost of services in 1975 was \$45 per person per month, with an additional cost to the State of approximately \$2.35 per resident per day. A housing subsidy reduces the rent to 20 to 25 percent of the resident's income. This is in contrast to the cost of approximately \$23 per day per patient accrued in Ohio's long-term care mental hospitals. It is felt that experience has shown the cost benefits of residential

(66) In private conversation with Nils Larsson, CMHC, Ottawa, Canada.

(67) See Reference #2, p . 109.

care over institutional care, but the figures do not fully prove it. Nevertheless, the Ohio experience could serve as the base for a factual cost-effective study based on a decade of experience.

Needed - A Standard Methodology

Extant studies and experience have provided only incomplete cost analyses because there is no standard methodology for making valid comparisons of residential vs. institutional costs. A valid methodology must include an item-by-item comparison of all the elements of residential and institutional costs for identical handicaps and for various degrees of handicaps. It should include at least the following:

- 1) Complete and accurate cost data on all the shelter and service components.
- 2) Costs which give adequate consideration and realistic evaluation of all non-market inputs, such as volunteers, family help, etc.
- 3) Data which reflect the complete social costs of each living setting to be compared and do not contain hidden public or other subsidies.
- 4) Cost comparisons which are based on one or more carefully identified degrees of functional impairment.
- 5) Cost comparisons which reflect the quality as well as the quantity of care.
- 6) Costs which compare residential living with one or more clearly identified types of institutional care (hospitals, skilled nursing homes, training schools, intermediate care homes) as well as the level of care provided.
- 7) Costs which reflect the difference between urban and rural settings and large and small communities where population concentrations differ as do availability of services and delivery costs.
- 8) Data which make possible a separation of institutional cost elements, such as room and board, services, medical care, etc.
- 9) A unit of cost calculation which will best facilitate the required comparisons.
- 10) Comparison of living and service costs over time, as well as residents' earned income, to measure accurately the response of residents to residential care.

In view of the widespread belief that residential care for the handicapped is not only more desirable but less expensive, in view of

public commitment to it, and in view of many public actions being taken which assume its validity, it is imperative that more and better research be carried out to establish the facts. As has been shown, very little hard information now exists on this very important issue, and sound and complete information is needed to guide both public and private policy and actions. The total actual costs of various kinds of resident care for various types of handicapped persons in comparison with the costs of various types of institutional care must be delineated. Which types and degrees of handicapped persons would be better served in what type of institution should also be determined. Finally, it is necessary to establish the cost savings, if any, which society will receive.

In terms of research, it should be a top-priority public goal to evaluate the use of financial mechanisms which are utilized by existing Federally-aided housing to provide an appropriate physical environment for the handicapped, and to show the economy to the State in the housing development costs. A second priority is to fashion a service delivery plan and show the economy of residential services over institutional care. If, pragmatically, both the economy and the feasibility of such a humane plan can be demonstrated, it then can be adapted to the needs of government at all levels to provide improved living arrangements for all handicapped citizens including those discharged from institutions.

5.

PROBLEMS IN INCREASING THE HOUSING SUPPLY

Nationwide, the pattern of housing for the handicapped is one of scattered developments and scattered efforts prompted by one or another local interest group and responsive only to a limited and fortunate few. State institutions or local nursing homes continue to be the "homes" of many handicapped persons; others continue to live in inadequate or substandard boarding homes or in inadequate family quarters. This pattern is clear evidence of the need for a national policy and program with specific guidelines to avert costly errors in future development and inequality of treatment for the diversity of handicapped persons to be accommodated.

Progress toward such a policy and program is hindered by a series of problems that must be addressed at the national level. They include the division of responsibility for housing and services between HUD and HEW, respectively; the limited applicability of existing housing and service programs in fashioning a housing/services package responsive to the range of needs of the handicapped; and deficiencies in Federal legislation. Part of a national focus on these problems should give attention to remedial action and guidelines to offset precipitous deinstitutionalization at State and community levels.

Split Responsibility Between HUD and HEW

By far, the major problem in achieving a national housing policy related to the needs of the handicapped is the division of authority and funding for housing and services between HUD and HEW. The source of the problem lies in the Congress where authority and funding for providing housing and services emanate from entirely different substantive and appropriation committees. Congressional committees responsible for HEW programs and services have not thus far perceived housing as a related "service" program. Likewise, Senate and House committees responsible for housing programs have not seemed to be fully concerned about the characteristics of the occupants or the related housing types and expertise needed to package a housing-with-services program.

How then can a housing-with-services program be developed with firm and mutually supportive linkage between housing and service agencies at Federal, State, and local levels, thus ensuring that both housing and services are effectively delivered to the handicapped in the community? Public and private developers cannot hope for capital funding if a project, designed for a specialized clientele requiring continuous supportive services, does not incorporate an appropriate mechanism to fund these services or assure their continuity. The services component must be as secure as the mortgage and be scheduled to become operative upon completion of the housing or upon its acquisition. Unless the services component is packaged with the housing, there is little possibility of success with a comprehensive housing/services program respon-

sive to all levels of handicapping conditions.

The difficulty in forming solid linkages between HEW and HUD to establish a service/housing package is aggravated by the differences in their mechanisms for serving the same clientele. HUD has funding capability for housing, construction standards (for normal housing), and direct contact with the housing industry. But it lacks four key components necessary for a national housing program for the handicapped:

- 1) Staff with knowledge of the special design and management requirements of the living arrangements for a variety of the handicapped, as well as the array of services needed to sustain independent living in such an environment.
- 2) A methodology for determining the handicapped housing market and the related need-demand factors.
- 3) Funds to provide essential services to sustain the handicapped in community-based housing.
- 4) Funds for extra construction costs.

Essentially, HUD is a finance and construction standards agency. The social or supportive aspects of the living arrangement have not entered into its decision-making processes in any significant or permanent way, with the possible exception of public housing for low-income families and the elderly.

Similarly, HEW has both service programs for a handicapped clientele and service funds that could provide a base for establishing the operational feasibility of community-based housing for this clientele; but it has no housing authorization, limited knowledge of how to plan and finance housing, and little direct contact with the housing industry or trained housing processors.

Moreover, HUD deals directly with State housing agencies, municipalities, political subdivisions, and individual public and private housing developers and sponsors. HEW service funds are channelled through a variety of State offices and commissions to community agencies for distribution to eligible handicapped individuals. To develop a joint, supportive mechanism within this Chinese puzzle appears to be a practical impossibility.

Limited Applicability of Existing Programs

A variety of Federal laws provide authority and funds which might, if linked, support a national program of residential living for the handicapped with accompanying services. In neither the housing nor service fields, however, does the legislation provide for a specific linkage plan that would result in a housing/services program. As a starting point for establishing this kind of program, the various types of housing and services needed in relation to the functional capacity of the individual should be determined. This, together with careful legislative draftsmanship to reflect these delineations in existing or new laws, could result in a housing/services package. Direction for this development can be obtained from an analysis of Federal programs for housing and services (summarized in References #1 and #6, respectively) and of charts in chapter 4.

With regard to housing, a major concern is achieving financial feasibility. Of priority, therefore, are those programs that provide income for handicapped persons who are unable to support themselves through employment or who are in training for employment. Resident income must be sufficient to cover the capital and operating costs of housing developed by nonprofit public or private sponsors. How adequate is the income of the handicapped in relation to housing costs? Should income or housing subsidies be increased? If a resident must pay for services, to what degree would reduced income affect his rent-paying ability and thus also threaten housing solvency? How will consideration of the income factor affect the ability to select tenants based on need, rather than on ability to pay the rent? Using a sliding rent scale ranging from those who can pay full market rents to those who can pay little or none, what selection policy should be followed to achieve financial feasibility? Does housing solvency alone respond to the national goal of normalization and improved quality of life?

With regard to services, it will be necessary to determine those that are most needed to sustain the individual in an independent or semi-independent life style. Are these services available in the community? Can they be delivered to tenants in non-medical and non-licensed residences? A specifically legislated residential program should remove any impediments to residential as opposed to institutional living arrangements with proper standards of design and operations required, of course.

Let us review several service and housing programs to illustrate the need for further improving their capacity to be linked satisfactorily in any nationwide program for housing the handicapped. This review will serve to highlight areas where legislative or regulatory changes would be most beneficial.

Service Programs

Title XX of the Social Security Act is obviously the basic service program. Does its funding and availability promote or support residential living? What impediments does it create for potential housing occupants based on income? Will it provide needed health services in non-licensed residential facilities? There is a \$2.5 billion ceiling on expenditures, most of which is already committed to existing programs. Allocation of funds is largely at State discretion. This, plus the fact that, traditionally, services under this or its predecessor programs have been skewed to families with children, has limited the amount of home services provided, particularly to the elderly, the disabled, and the chronically ill. In fiscal year 1972, before Title XX was passed, only about one-sixth of the \$2.7 billion spent on social services went to the aged, blind, and disabled. According to a cost analysis, about \$62 million went for homemaker and chore services. This represents four percent of the total program. Is this a logical distribution of service resources? To what degree will Title XX support a national housing effort?

Title III of the Older Americans Act provides older Americans, including the handicapped - particularly those with low incomes - with low cost, nutritionally sound meals served in strategically located centers such as schools, churches, community centers, senior citizen centers, and other public or private facilities where they can obtain social and rehabilitative services. Home-delivered meals may be provided when necessary for homebound eligibles. Under current policy, one meal a day, five days a week, is provided. If a given housing development is selected as a site for this service, or if the site is nearby and accessible, its availability at best will reduce the economic impact of a full meal service. But it does not provide a firm base for planning the kind of meal service required for handicapped occupants (most particularly, the severely handicapped), nor the continuity of the one meal required to justify expenditures for space and equipment and their coverage in the mortgage.

The Vocational Rehabilitation Service for disabled beneficiaries of Social Security provides rehabilitation services through direct payments to recipients. The beneficiary must qualify for Social Security through a sufficient period of payments to the fund. Even though they need housing, some persons may not be able to afford it because of income limitations.

Although it does not provide services per se, the Supplemental Security Income program is designed to provide income through direct payments to the aged and to the blind or disabled. This is a useful tool in augmenting the incomes of disabled or retarded residents of residential living units. However, the recipient has to be quite poor, and the limited income may likewise limit the number of such recipients who can be housed if operational feasibility is to be achieved.

The Developmental Disabilities Act of 1975 funds the construction of public facilities and provides a wide array of services to the developmentally disabled, including the mentally retarded. While the law seems aimed primarily at the construction and servicing of separate facilities, it can indirectly aid a housing program since the facilities may be used by the housing residents and thus offset the need for funding them as part of the housing cost. Among the services authorized are personal care, day care, domiciliary care, special living arrangements, recreation, counseling, and transportation, all important elements in a housing/services program. The principal limitations in this law will probably be the decisions of States on how to use it (there is a bias in favor of the young) and the paucity of available funds which in turn may reduce the amount of housing with services that can be supported. If a State does not have a housing finance agency with direct responsibility for State-funded housing production, the combined planning of housing with public facilities may be limited and the economy in joint planning and operations be lost as well.

The Rehabilitation Act of 1973 provides services on a priority basis to those with the most severe handicaps so that they may prepare for and engage in gainful employment. It also authorizes certain services, some of which can be used in the residential setting. The payment of a minimum level of living costs in a residential facility is possible during the rehabilitation period. The principle drawback to this law may be the use of the phrase, "severe handicap," as well as difficulties in qualifying. If living costs are defrayed only during a training period, this also may be a serious impediment to the financing of housing should the payments cease before adequate income from work is assured. Transitional housing has always been a high-risk investment, and there is little likelihood of any appreciable amount of it. Long-term financing calls for a long-term commitment on income.

One of the principal drawbacks of these laws is their multiplicity, the varying services and benefits they provide, the variations in eligibility requirements, and the diverse local organizations through which services are delivered. This puzzle constitutes a great challenge to the ingenuity of groups seeking to develop feasible residential living projects for the handicapped. To say that it should not be so does not, unfortunately, mitigate the challenge. But it does suggest that, if we are serious about promoting residential living for the handicapped, something should be done to amend the laws and consolidate their administration. When the problem of coordinating services for the handicapped is added to the equally difficult one of coordinating housing aids with service aids (which is the name of the game), then the need for remedial action becomes even more dramatic.

Housing Programs

There are a number of provisions in HUD legislation that can assist in financing and subsidizing the construction, rehabilitation, or rental of residential housing for handicapped persons. Most significantly for

them, the 1974 Housing Act provides authority for the merger of HUD housing assistance and services under the auspices of HEW. The law directs that services to support residential living for the handicapped be put into Federally-approved State plans for services. It also directs the Secretaries of HUD and HEW to consult to see that this merger occurs. Our inquiries, however, reveal that little is being done in a practical way to bring about a workable merger (68). But, even aside from the problem of coordinating housing production under HUD auspices and provision of services under HEW auspices, the housing laws themselves present several difficulties and impediments.

The Section 8 rent assistance program authorized in the 1974 Act is new and untried. It is extremely complex and ridden with red tape and unnecessary procedures. Because it only subsidizes rents, it lacks the means to finance construction or purchase of a house. As a result, sponsors must obtain mortgage financing from some other source, thus doubling the already dismissed Section 8 as unworkable for this reason. In addition, State housing finance agencies, the mainstay of the Section 8 program, are now having difficulty achieving a market for their bonds (the source from which they derive funds for mortgage loans). Unless HUD backs these agencies with a Federal co-insurance of the bonds (as it is now considering), the agencies may reduce or cease housing efforts. HUD has also restricted funds for State agency use, and this will affect State production of all kinds of housing.

The Section 202 direct loan program for housing for the elderly or handicapped is the best current vehicle for financing housing for the handicapped. In addition to construction loans, it can be tied in with Section 8 rent assistance as well as seed money advances under Section 106(b) to make a complete, simple package for nonprofit housing sponsors. Unfortunately, loan funds under Section 202 are very limited at this time, and we can expect that little help will be provided to new groups concerned with housing for the handicapped until funds are increased (pending legislation would do this).

The Housing Assistance Plan requirement in the 1974 Act offers an opportunity and an obstacle to sponsors of housing for the handicapped. In the short run, it is an obstacle (in localities with such a plan) because,

(68) So far, one or more joint committees have been set up to work on this question. Joint agreements alone will not resolve the problem, as experience has proved. Joint financing and joint local sponsorship will be required.

unless the proposed housing is included in the plan, there is little chance that the housing will receive Federal assistance. In the long run, it provides a unique opportunity to gain greater local and national recognition of the housing needs of the handicapped. Citizen participation in the development of the plan is required; thus, groups interested in housing for the handicapped have a better chance to advance their opinion and plans.

Another program authorized in the 1974 Act is that under which special demonstrations may be undertaken to determine the housing design, the housing structure, and the housing-related facilities and amenities most effective in serving groups with special housing needs, including the elderly, the handicapped, and others. Demonstrations of housing for the handicapped have been conspicuously missing from the proposed demonstrations HUD has published, although they are under consideration at this writing.

Since 1964 every housing enactment has provided for the eligibility of handicapped persons for Federally-assisted housing. But for the most part, such persons have been equated with the elderly, that is, have been eligible on the same basis for the same programs, but without the age limit. No special program exclusively for the handicapped has been enacted, nor have production goals been established. HUD administratively requires 10 percent of projects designed for the elderly to be accessible to the handicapped. Misinterpretation of housing laws has led some HUD offices and some housing sponsors to require that housing for the elderly include housing for the non-elderly handicapped, a forced mix that has had unhappy social consequences. Although some units in housing for the elderly might be especially suitable for handicapped older persons, the problem arises when young handicapped persons must be housed with old people, a milieu that often is not satisfactory to either group. Satisfaction in the living arrangement bears some relationship to homogeneity of age and interests. This problem is administratively correctable, but such action could be prompted and reinforced by legislation.

Closely related to the issue of ensuring a variety of housing options is the question of accessibility. Despite the 1968 law on this subject and the establishment of the Architectural and Transportation Barriers Compliance Board, there is as yet no one set of architectural standards for accessibility that apply to all Federally-financed residential facilities. If the 1968 law were amended to cover all HUD-assisted housing that enjoyed a subsidy, regardless of sponsorship, more housing could be made accessible to the physically handicapped. Moreover, the HUD regulation permitting a waiver of accessibility requirements for projects of 25 units or less should be rescinded because of its inhibiting effect on the development of barrier-free housing for the handicapped in small towns and rural areas.

Legislative Deficiencies: The 1974 Housing Act

Definitional Problems

The broad coverage of the disabled in the 1974 Housing Act undoubtedly was generated by national organizations and citizen groups interested in the well-being of handicapped persons, the growing recognition of the importance of the living arrangement in the normalization process, and the desire of a humane Congress and country to be responsive to long-neglected needs. However, the law provides only generalizations. It does not define specific programs to meet the specialized needs of persons with various levels and types of handicapping conditions. In particular, the essential services to support more severely handicapped persons in the community are neither delineated nor funded. Instead, total reliance for services is placed on the weak reed of coordination between HEW and HUD.

These definitional gaps, plus other deficiencies outlined in this section, are the result of little or no expert testimony before the House and Senate Housing Committees on the special nature of housing for the handicapped based on the varieties of functional loss. Thus, we have a commitment to a program of housing and services without a knowledge base or delineation of the special nature of the housing and its possible financial differentials. For example, group housing — successfully utilized for mentally retarded or developmentally disabled persons in some States and many other countries — is not identified in this or previous housing legislation. A group home is generally perceived as a normal, one-family home, large enough to accommodate a related or unrelated group, usually a family-type group of four or more, but not over 12 persons, including house parents. Although it is evident that there are both cost and standards implications in such housing, the legislation is silent on their financial and operational consequences.

Lack of Funds to Support Services in Non-Medical Facilities

Eligibility criteria for service programs should be changed to support the more severely handicapped person's desire to live independently. At present, persons who need certain at-home services may be ineligible to receive them unless they reside in facilities licensed as nursing homes or intermediate care facilities. This, despite the fact that they are quite capable of occupying non-medical, less expensive, and more normal types of housing in the community. As a result, in a residential setting a large proportion of their income may have to be expended for some of the same services for which they would be eligible if they were in a medically-oriented setting. This situation has clear implications for the operational feasibility of housing-with-services, since the income needed to meet both housing and services may not be forthcoming. Thus, housing in some States and localities, in order to assure sufficient income to build and operate, has had to provide, at greater costs, more medically-oriented services than are required by the residents. Logically, the services and support which the handicapped

person needs and for which he is eligible should not be determined by his housing arrangement or whether it is medically-oriented. If this problem were solved, no doubt the overall cost of both housing and services could be decreased.

Selection Criteria

Another aspect of the problem of assuring operational feasibility for the housing is the fact that occupants must be selected on their ability to pay all rent and service costs, rather than on their need for improved living arrangements and related benefits. The effectiveness and coverage of the housing program is thus diminished if the most needy are to be ineligible because their income (even supplemented by a rent subsidy) is insufficient to meet rent and service costs.

No Coverage for Special Construction Costs

No provision is made for covering extra construction costs in any type of housing for the handicapped. One critical example is the added expense of live-in attendants, if required. Another costly item that can be anticipated is special equipment.(such as hydraulic lifts for bathing) in housing for the more severely handicapped.

Rent Formula Inequities

The amount of the rent allowance (subsidy) is determined by rents for comparable housing of similar size in the community. This comparability establishes the "fair market rent," which is a ceiling rent for a market area. Separate from but related to the fair market rent is the "comparable rent" which is a rent level determined by HUD to be reasonable in relation to projects comparable by location, quality, amenities, facilities, management, and maintenance services. The comparable rent for elderly or handicapped projects is an automatic five percent over the fair market rent, and it can be 10 percent over the fair market rent if the need is determined by the Area Office or 20 percent over if the HUD Assistant Secretary determines the need. The rent subsidy paid by the government is the difference between the fair market rent or comparable rent, whichever is used, and approximately 25 percent of the tenant's income (this ratio may be decreased under certain conditions).

In most communities "comparable" housing for the handicapped does not exist, that is, comparable in terms of design, equipment, or location, all of which would probably be more costly than rent based on average housing of average size. Use of the established formula for rent levels and subsidy for housing for non-handicapped persons could result in less subsidy than needed to support specially designed and located housing for the handicapped. The end result probably would be less usable housing or a clear need for more subsidy than that provided for housing for the able-bodied.

Precipitous Deinstitutionalization

Prompt Federal and State action is needed to develop humane relocation housing standards and service requirements to guide the discharge of patients from State institutions (69). While some of the 33 State housing finance agencies have utilized their resources for housing for the handicapped, few, if any, plan appropriate housing programs specifically for discharges. This has resulted in an increasing use of boarding homes, nursing homes, and other types of inappropriate living arrangements simply to provide some place for discharges to go, regardless of their need for such types of accommodation. These living arrangements may lack the services needed or may over-service discharges, thus creating an unnecessary and costly institutional-type milieu. Horror stories are already rampant on the kinds of substandard housing in crime-prone neighborhoods to which some formerly institutionalized handicapped patients are being relocated. Without Federal and State action, this situation can only worsen, and a return to the community may result in cruel deprivation and punishment for many.

In theory and in practice, the intent is to provide living arrangements in communities as an alternative to the more remote, impersonal living environment of an institution for those individuals who do not need the level of care provided there. Admittedly, many persons, particularly persons without families, have been committed to State institutions simply for lack of any other living arrangements within their paying ability. However, with the strengthening of commitment laws and the Supplemental Security Income program assuring a minimum income base, this practice should be and probably is becoming rare.

Given the financial crisis in many States, the lure to save by reducing institutional costs — whether or not the community has or provides either the needed services or a feasible housing relocation plan — is understandably great. While the normalization concept is valid and would provide a maximum of autonomy, the wisdom and good judgment in determining both readiness for it and a plan that provides the improved environment must be present.

Few States have established standards for living arrangements for

(69) For a history of the deinstitutionalization trend, see: LaVor, Judith. Long-term care: a challenge to service systems, pp. 7-11. Washington, D.C.: U.S. Department of Health, Education, and Welfare. (Draft, September 1976.)

persons discharged from institutions. Yet it is quite obvious that if the relocation arrangement does not provide a shelter-services program geared to the ex-patients' needs, we have simply created another tragic situation (70).

Deinstitutionalization should be accompanied by two major steps:

- 1) A medical-social evaluation of the patient before discharge, including the number and kind of services essential to his well-being and the type of living arrangement he can be expected to sustain and benefit from.
- 2) A community-based re-housing program using either new or rehabilitated structures appropriate for the type and number of discharges returning to the community.

In some places, in order to achieve the required standards, a housing plan might well be limited to public agencies or nonprofit developers whose only goal is the well-being of the occupant. At the direction of Governors, State public housing agencies or housing authorities (State-established) using Federal subsidy could be the financing base. Since services needed by discharges must be planned with the housing and be the responsibility of State agencies through their local counterparts, the services component also could be required by Governors or State legislatures.

To our knowledge, very few, if any, States which are carrying out programs of deinstitutionalization have established an adequate or broad relocation program. Such a program, thoughtfully conceived and carefully executed, should proceed hand-in-glove with the release effort at the institutions and be scheduled for use consonant with discharge scheduling.

The precedent, and the governmental responsibility, for an adequate relocation program for displaced persons is expressly established in the Federal Uniform Relocation Assistance Act of 1970, which explicitly places upon Federal agencies the responsibility for establishing an adequate relocation program to assist all persons displaced from their homes by Federally-supported programs, such as urban renewal, advanced acquisition of land, code enforcement, public housing construction, public facilities construction, water and sewer construction, highway construction, and related undertakings.

(70) For background on this problem, see: Donahue, Wilma. Issues in aging in the bicentennial year. Address presented at the annual meeting of the Florida Council on Aging, May 4-5, 1976, in Orlando.

The principles embodied in the Federal Uniform Relocation Assistance Act of 1970, and the public responsibilities it requires for adequate relocation of persons on lands taken for public use, might apply to State actions which cause far more sensitive displacement of people from institutions. This, we believe, is a responsibility the States must assume if the desire to have a fair and successful program of deinstitutionalization is to be realized.

III.

OPTIONS AND RECOMMENDATIONS

6.

OPTIONS IN HOUSING FOR THE HANDICAPPED

There are four major options to consider in determining the best way to proceed in order to assure an adequate program of community-based housing for many types and levels of persons with limited mental or physical functional capacities. Each option derives from a different assumption. The merits of each option, as well as the feasibility and appropriateness of combining several options, are largely left to future resolution.

Option #1 -- Maintain the Status Quo

Since the 1974 Housing Act establishes eligibility for all handicapped persons in all HUD programs, since HUD has the funding authority, since the Congress directs HUD to include the needed services, housing for handicapped persons should be left exclusively to HUD. The provision of services would depend on effective implementation of authority in the 1974 law recognizing that a variety of services would be needed in some housing for the handicapped and directing HUD and HEW to consult on ways to include such housing in State service plans submitted to HEW for approval.

How viable is this option? Experience clearly shows that coordinating agreements reached at the national level have little, if any, impact on a service package at the local level, to say nothing of ensuring that services are scheduled to begin at the time of completion and occupancy of the housing project. Yet, if services are required for operational feasibility, the probability is that neither HUD nor other financing sources will fund the housing if they are not present.

If we accept the status quo of HUD responsibility for housing and services, we can expect only a limited program of housing unless there is a firm plan for funding the services outside of HUD. HUD has no service funds, has no expertise in the special needs of handicapped clientele, has only limited standards or guides for housing design related to types of handicaps, and has no group housing plan as such (although some form of the multi-family program may be adaptable and the group home concept appears acceptable under revised Section 202 regulations). In this general situation we may find that, just as in institutions, people will be molded into the housing rather than having the housing accommodate their needs.

Option #2 -- Earmark Service Funds for HUD Use

The intent of the 1974 law is clear but a workable housing-with-services program is questionable (if not impossible) without further legislative action to clearly earmark service funds, appropriated to and dispersed through HUD to housing sponsors.

Option #3 -- Provide HEW with Funding for Housing and Services

This option is based on an assumption that housing is in fact a service as opposed to merely a shelter program developed in the market place within the usual construction and funding constraints and limitations. If housing is a service, it must be designed and planned in conjunction with other service components as the dominant focus. The funding for services should be identical with that for housing. Logically, therefore, it should be lodged in a service as opposed to a housing agency, to wit, HEW.

HEW has expertise about the clientele (who are essentially their responsibility) and the service needs, the service funds, and knowledge of the variety of living arrangements for, and environmental impacts upon the growth and life satisfaction of, handicapped persons. HEW is also aware that funds used for rehabilitation or habilitation may be a lost investment if the trained client cannot live in an environment that makes possible the use of his skills, often developed at great public expense.

This option could be exercised by transferring the entire planning process for housing and services to HEW. There is long experience with a prototype of this suggestion. When the FHA Section 232 nursing and intermediate care homes program was first enacted in 1961, the burden of approval of both the planning and the need was put logically on HEW. HUD's responsibility was limited to the issuance of mortgage insurance only for those plans approved by HEW and responsive to HEW construction and operational standards.

Option #4 -- Assign Responsibility for Housing and Services to the States

According to this option, total responsibility for developing and funding both housing and service components would be placed on the States. Under the 1974 Housing Act some portion of the total housing funds are allotted directly to the States for distribution and use. Underlying this option is the assumption that this trend will continue and accelerate, due to the following factors: HUD decentralization, extension of the revenue sharing and block grant approaches, and the increase in the number and expertise of State housing finance agencies capable of initiating and carrying out housing programs. If State housing allotments were increased to include funds for housing the handicapped in the volume and variety of types appropriate to each State's needs and priorities, the result could be the rapid development of Statewide housing programs. Service funds from HEW already are channeled through State commissions and agencies. Given this situation, the coordination of funding for housing and services might be more successful at the State level, particularly if the authority of the Governor or the State Legislature is invoked to mandate the packaging effort. Moreover, this option is responsive to the requirement that housing be included in State service plans subject to HEW approval.

Part of any State housing program for the handicapped might include a plan for housing deinstitutionalized persons temporarily, while permanent community-based housing for them is under development. This short-term housing plan could utilize mobile homes, appropriate existing dwellings or structures in the community that could be leased, or newly built temporary housing. National and State officials should recognize the dire need for such a plan to halt the type of misplacements now too common because of the lack of adequate housing relocation practices to accompany the process of deinstitutionalization. Prototypes of this action are national and State housing disaster plans which are quickly invoked when emergencies occur. Another example is the veterans temporary housing program for 2-4 year occupancy that was initiated after World War II. Parks and other public sites were used for prefabricated housing until the building industry caught up with the demand for permanent housing.

The above suggestion arises from the immediate need to begin specific housing action before deinstitutionalization occurs, with accompanying tragic impact on the lives of the individuals for whom appropriate housing and services are not available. While only 33 States now have housing finance agencies with varying levels of funding and authority, there are other State agencies that could develop and operate a temporary housing program. After all, the 1970 Developmental Disabilities Amendments placed broad responsibility on the States for planning and implementing a comprehensive program of services. One of the sixteen services authorized under this law is "special living arrangements." If the living arrangement is perceived as a service, then Congressional intent is clear.

7.

RECOMMENDATIONS
TO CONGRESS, FEDERAL AND STATE AGENCIES

Although the options just presented provide perspectives for assessing overall policy and program approaches, there are several actions that can and should be taken quickly to promote the development of a diversified, community-based housing/services program responsive to the urgent needs of handicapped citizens. Implementation of these actions will also contribute further valuable experience and knowledge to the ongoing process of policy and program formulation in this field.

The Congress

It is recommended that: the Congress include, in forthcoming housing legislation, provisions for making funds for essential services available directly to State and local housing sponsors, to the extent needed to sustain the types of handicapped persons to be accommodated.

Funding for these services might follow the underlying pattern in the Section 8 housing assistance plan, i.e., funds are limited to the amount needed to provide for the cost of services that cannot be defrayed by the user's limited income. The housing sponsor's budget should contain a line item for services. Funds would be used only to provide services that are not available, in full or in part, at a cost within the paying ability of the handicapped person. However, if the needed services were not offered in the community or if needy tenants were not eligible for services available, the housing sponsor would defray full service costs.

HEW and HUD

It is recommended that: HEW and HUD capitalize on the strong interest of local nonprofit sponsors in building or acquiring housing for the handicapped by providing guides and assistance to them in both the development and management process, thus helping to assure the social and financial success of such community-based housing.

It is recommended that: HEW and HUD jointly develop a housing demonstration plan -- free from current program constraints -- for various types of handicapped persons. Specific service elements in the housing should be identified and included. Such a demonstration also should include the recording of specific costs, in particular, those related to special design or development, and should match the types of housing to the requirements under the several HUD funding criteria.

If pragmatic, this demonstration would show actual costs, as well as cost effectiveness, and would permit innovative solutions not yet tried in this country. It would reveal necessary service linkages and

the changes needed to assure the housing/services component as a single package. It also could relate housing and service costs to tenant income potential.

HUD

It is recommended that: HUD develop a methodology for determining the local market for housing for the handicapped. Need and demand factors should also include the actual and potential number of housing users returning to the community from State institutions.

While all funding agencies require market data, it may be acceptable at the present time to rely on assumptions and on random surveys due to the scarcity of housing for the handicapped. This situation can be expected to change rapidly, and in not more than two years specific survey instruments will be needed.

HEW

It is recommended that: HEW develop, publish, and disseminate to potential housing sponsors, lists of the services needed for different degrees and types of handicapping conditions.

Although the 1974 Housing Act mentions some service needs in broad outline, neither the Congress nor the many local housing sponsors possess the specific knowledge required to determine the variations of housing types or other living arrangements that equate both the types and levels of handicapping conditions with the service needs related to each category.

In related action, it is further recommended that HEW prepare and present testimony before the House and Senate Housing Committees that will provide the basis for more workable housing legislation that reflects the special needs of various handicapped population groups. For example, any additional cost for designs or equipment to permit the handicapped to cope adequately with their environment should be outlined. A prototype is the \$500 per room extra cost provided in the 1961 Housing Act for specially designed housing for the elderly. (This differential is no longer in use, however, due to a different method of calculating costs which formerly were on a per room basis.)

It is recommended that: HEW launch a national study of the kinds and adequacy of housing occupied by handicapped recipients of HEW maintenance payments, especially to ascertain the precise types of living arrangements being provided for the handicapped who are being discharged from State institutions.

It is recommended that: HEW develop a course for training managers of housing for the handicapped, in particular, managers of housing for the severely handicapped and house parents in group homes for the mentally retarded and the developmentally disabled. Also, linkages should be made

with the CETA program to provide training for staff below the management level. This training should include handicapped persons capable of some managerial or sub-managerial functions.

It is recommended that: HEW develop or assist in developing national design standards for housing for the handicapped. At present there are multiple design standards related to one or another type of housing, but there are no consistent guides or adequate minimum property standards that relate to all aspects of housing design or to specific levels of functional capacity.

It is recommended that: in order to increase the use of public housing for the handicapped, HEW request that HUD take administrative action to:

- Remove asset limits in public housing for the handicapped.
- Approve additional deductions to cover special costs before determining net income as a basis for rent determination.
- Increase income eligibility limits for the handicapped in view of the extraordinary expenses many of them have.
- Reduce the rent/income ration from 25 to 15 to 20 percent, as is now permitted by statute.
- Encourage use of modernization funds to make more public housing accessible to and usable by the handicapped.

It is recommended that: HEW evaluate the 1965-69 Ohio relocation plan for persons discharged from the Toledo and Columbus Mental Hospitals and, if results of this study so indicate, encourage other States to explore their implications.

The Ohio plan, in brief, was based on contract relations among the State's Department of Corrections and Mental Hygiene, local housing authorities in Toledo and Columbus, and the Federal Government. With funds from the latter, the housing authorities designed and built conventional public housing for the elderly, with one-third of the units to be occupied by former patients of the State mental hospitals and the remaining two-thirds by city residents. The State provided the land and signed 40-year contracts (thus covering the amortization period) to provide the essential services. State hospital officials selected those patients who were to be discharged for residence in the housing and continued or initiated whatever services were needed to sustain them in it.

It is recommended that: HEW and/or the Architectural and Transportation Barriers Compliance Board present an amendment to the 1968 Architectural Barriers Act requiring that all Federally-subsidized housing be designed for accessibility by the physically handicapped.

Since HEW was responsible for inclusion of public housing in the

provisions of the original Act, it is the logical agency to provide this follow-up leadership.

In addition, HEW should request HUD to remove its waiver exempting projects with 25 or less units from compliance with current accessibility criteria. This waiver exempts much housing in small towns and rural areas and thus does not promote barrier-free environments for the handicapped in these locales.

State Housing Finance Agencies

It is recommended that: State housing finance agencies (or other State agencies with housing finance authority) emulate those States that have, on their own initiative, earmarked a certain proportion of funds for housing for the handicapped.

In some States, service agencies have so budgeted their funds that appropriate services are available to provide for the service component in the housing plan. If the housing is State-funded, there is less likelihood that the service component will be missing, since its absence would threaten the State's investment.

Other

It is recommended that: steps be taken at the Federal level to ensure that all States develop an appropriate housing/services relocation plan before undertaking any deinstitutionalization.

An orderly, consistent, and humane relocation plan is urgently needed and should be operative before persons are discharged from State institutions to return to community life. In addition, there is need for a methodology for a cost-effective study of the differentials between costs for institutional levels of service and those for community-based housing with services. If, as is generally assumed, the community approach is less costly (after the preliminary launching period), this will greatly accelerate deinstitutionalization efforts and provide a basis for local program design. However, there is no question that the community approach promotes normalization for most, if not all, handicapped persons and thus is socially desirable. The question to consider is: is it also economically desirable?

8.

SUGGESTED IMPROVEMENTS TO THE 1974 HOUSING ACT

The clearly stated intent of the Congress in the 1974 Housing and Community Development Act is to encourage and promote a diversified national housing/services program for varying degrees and levels of handicapped persons. A broad outline of such a program and of the mechanisms through which it could be developed (types of sponsors and types of financial assistance, including State involvement) is included in this law. What is lacking are:

- 1) A statement of national policy and goals including a definition of those handicapped citizens who could benefit from specialized housing, their needs and their right to access to the Nation's housing resources.
- 2) A definition of the types of housing responsive to the levels of functional capacity.
- 3) Recognition of coverage for the developmental and operational cost differentials.
- 4) A specific linkage of service programs with housing programs to achieve a feasible building and operations plan for special-user groups such as the handicapped.
- 5) Provision for HUD to acquire staff expertise necessary to develop criteria and provide guidance in both production and management to its central and field offices as well as to housing sponsors.

Each of these deficiencies could, in one way or another, retard or defeat the Congressional goal of a diversified national program. Therefore, the following improvements are suggested to the 1974 Housing Act.

Definitions

There should be provisions in housing legislation to:

Define the parameters of the disabling condition within which individuals can be expected to benefit from community-based housing and community involvement.

While there is no question of the benefits to be derived by mildly or moderately handicapped persons, there is some question of the efficacy of providing such housing for the most severely handicapped or profoundly retarded who require full institutional care. Testimony from experts could provide the variety of characteristics of persons for whom housing

would bring about improved and less costly living arrangements. Experience in this and other countries could provide additional information.

Define the types of living arrangements (including transitional housing) most appropriate for specific levels of functional capacity, including group homes, and direct their general placement in the community, i. e., individual scattered dwellings among the non-handicapped, small group homes in residential areas, etc. Expert testimony could produce these definitions as they relate to different types of handicapping conditions and different levels of functional ability.

Define those services that will sustain persons with different levels of functional ability in community-based housing and provide a specific funding or linkage strategy. Recommended are direct service funds to housing sponsors.

Define and identify those housing designs that may require construction cost additives due to size, low density, spatial needs, and special equipment.

Define and provide funding for operating staff that might be needed over and above those required for normal housing management operations; provide funds for training such staff, including house parents, and for training handicapped persons competent to discharge managerial duties.

Extend eligibility for personal maintenance and other home-health services, now restricted to licensed medical institutions, to cover the handicapped in special-purpose residential housing.

The residential concept (as opposed to the institutional) has come of age and, for many, is a more normal and rewarding living arrangement. The controlled extension of these payments in housing complexes will help assure the economic feasibility of the housing, decrease costs of unneeded medical services, and result in a more normal and fulfilling environment for persons with handicaps.

Design Standards

While many design standards have been developed in this country and abroad, there is no single national standard with the imprimatur of the Government. In most countries, such standards are established as a basis for program approval. Such a national standard should grow out of our knowledge of the handicapping condition and should identify those features that will make independent or quasi-independent living possible and provide a way for the handicapped person to cope with his or her physical environment. Such standards also should be used in formulating requirements for housing for persons discharged from State institutions.

Home Adaptation Loans

More appropriate housing can be made available for more handicapped persons by enacting a low-interest loan and/or shallow subsidy program for family home rehabilitation, including assistance to low-income families to add space and design features to accommodate a handicapped member. This would relieve persons who are housebound or reside in other types of inappropriate living arrangements. It also could decrease the demand for more costly special housing and services that in many cases could be provided at less cost by family members, given the minimum housing and services assistance needed. A similar program should be enacted for property owners willing to undertake modernization or adaptation of appropriate existing properties for use by handicapped persons. In some areas, there is considerable HUD-held housing; with adaptation some of it may be appropriate for housing for the handicapped, including relocatees from State institutions. Such housing also might be more easily used for adaptive experimentation. For the more severely handicapped, a service component must also be available in many types of housing.

ATTACHMENT A.

SOURCES CONSULTED

SOURCES CONSULTED

- Accreditation Council for Facilities for the Mentally Retarded. 1975. Standards for residential facilities for the mentally retarded (5th printing). Chicago: Joint Commission on Accreditation of Hospitals.
- Alexander, R.C. and Nenno, Mary K. 1975. A local housing assistance plan: a NAHRO guidebook. Washington, D.C.: National Association of Housing and Redevelopment Officials.
- American Association of Homes for the Aging. 1976. Washington Report, 5,1, January 8. Washington, D.C.: the Association.
- American Institute of Architects, Easter Seal Society for Crippled Children and Adults of Iowa, Inc., Governor's Committee on Employment of the Handicapped. 1974. Accessibility - the law and the reality. Des Moines: the Institute.
- American National Standards Institute, Inc. 1971. American national standard specifications for making buildings and facilities accessible to, and usable by, the physically handicapped (ANSI A117.1 - 1961 (R1971)). New York: the Institute.
- American Society of Landscape Architects Foundation. 1975. Barrier-free site design. Washington, D.C.: U.S. Department of Housing and Urban Development.
- Anderson, Nancy N. (ed.) 1974. A planning study of services to non-institutionalized older persons in Minnesota. Minneapolis: Governor's Citizen Council on Aging.
- Anonymous. 1973. Housing and home services for the disabled in the U.S. Rehabilitation Gazette XVI, 38-45.
- Anonymous. 1973. Omkostninger ved forskellige boligog pljeformer for aeldre (Expenses involved in various forms of housing and care for the elderly). Socialt Tidsskrift, XLIX, 6-7, 162-76.
- Anonymous. 1975. Inflation affects MR programs nationwide. In President's Committee for Mentally Retarded Communications Office. Newsclipping Service, January, 2.
- Anonymous. 1975. State helps retarded join the community. In President's Committee for Mentally Retarded Communications Office. Newsclipping Service, January, 13.
- Architectural and Transportation Barriers Compliance Board. 1975. Freedom of choice, Vol. 1. Washington, D.C.: Compliance Board

- _____. 1975. Freedom of Choice, Vol. II. Washington, D.C.: Compliance Board.
- Benson, H.A., Buford, W.B., and Ross, E.C. 1974. Operation revenue: local action manual. Washington, D.C.: Governmental Activities Office, United Cerebral Palsy Associations, Inc.
- Benson, H.A. and Ross, E.C. (eds.). 1976. Operation revenue: orientation-resource notebook for governmental activities. Washington, D.C.: Governmental Activities Office, United Cerebral Palsy Associations.
- Berkowitz, M., Johnson, W.G., and Murphy, E.H. 1975. Public policy and the determinants of disability. New Brunswick, N.J.: Bureau of Economic Research, Rutgers University.
- Blöcker, U. 1976. The integration of the handicapped - a nonprofit responsibility. Nonprofit Housing ('Gemeinnütziges Wohnungswesen'), XXIX, January, 18-20.
- Brown, A.Y. 1976. Financing with tax free securities. Jackson, Miss.: U.S. Department of Housing and Urban Development. (Mimeographed.)
- Brown, M.G. 1975. Handicapped housing: a need analysis. Providence, R.I.: Housing Assistance Section, Division of Housing and Government Services, Department of Community Affairs. (Draft.)
- Building Research Advisory Board. 1975. Description of building research advisory board programs related to the disabled. Washington, D.C.: the Board. (Mimeographed.)
- Bureau of National Affairs, Inc. 1976. Housing and development reporter. Washington, D.C.: the Bureau.
- Callender, Marie and LaVor, Judith. 1975. Home health care development, problems, and potential. Washington, D.C.: U.S. Department of Health, Education, and Welfare.
- Cannon, S.E. (ed.) 1975. A statement of need for a community facility for disabled citizens in Rhode Island. Providence, R.I.: Department of Health.
- Caro, F.G. and Morris, R. 1971. Personal care for the severely disabled: organizing and financing care. Waltham, Mass.: Levinson Gerontological Policy Institute, Brandeis University.
- Carter, C. (ed.) 1975. Buildings and the physically handicapped: part I. Real Estate Management, Operating Techniques and Products, Physically Handicapped, Bulletin 313, November.

- Center for Independent Living. 1976. Fact Sheet. Berkeley, Calif.: the Center. (Mimeographed.)
- Central Mortgage and Housing Corporation. 1972. Information paper: seminar-the Fokus Society. Ottawa, Can.: the Corporation.
- _____. 1974. Housing the handicapped. Ottawa, Can.: the Corporation.
- Chasin, J. and Saltman, J. 1973. The wheelchair in the kitchen. Washington, D.C.: Paralyzed Veterans of America, Inc.
- Cherington, Carolyn and Dybwad, G. (eds.) 1974. New neighbors: the retarded citizen in quest of a home. Parts 1 and 3. Washington, D.C.: U.S. Department of Health, Education, and Welfare.
- Community Development Services, Inc. 1976. Housing affairs letter, 76-12, March 19.
- _____. 1976. Housing affairs letter, 76-14, April 2. Washington, D.C.: the Development Services.
- Comptroller General of U.S. 1975. Further action needed to make all public buildings accessible to the physically handicapped: report to the Congress. Washington, D.C.: General Accounting Office.
- Cooperative Living Project. 1976. Cooperative Living Project: a new alternative. Houston, Tex.: the Project.
- Council of State Governments. 1974. A place to live: housing policy in the States. Lexington, Ky.: the Council.
- Decker, W. (ed.) 1975. Research on housing needs for the severely handicapped: interim report. Laurinburg, N.C.: St. Andrew's Presbyterian College.
- de Jourdan, A. 1973. Specialized housing helps mentally retarded. Habitat, 1 & 2, 2-5.
- Department of Health and Social Services, Division of Mental Health. 1973. Family care. Manual, Chapter 11. Madison, Wis.: the Division.
- Dickman, I. 1975. No place like home. New York: United Cerebral Palsy Associations, Inc.
- Donahue, Wilma T. 1976. Issues in aging in the bicentennial year. Speech at annual meeting of Florida Council on Aging, May 4-5. Orlando, Florida.

- Donahue, Wilma T., Thompson, Marie McGuire, and Curren, D.J. (eds.) Congregate housing for older people: an urgent need, a growing demand. In press. Selected papers from the First National Conference on Congregate Housing for Older People. Washington, D.C.: Office of Human Development, Administration on Aging, U.S. Department of Health, Education, and Welfare.
- Dumpson, J.R. and Davenport, H. 1975. A guide to establishing community residences for the mentally retarded (hostels). New York: Human Resources Administration.
- Easter Seal Raritan Workshop. 1976. Cheshire Home: a new option in living for disabled adults. Madison, N.J.: the Workshop.
- Easter Seal Society for Crippled Children and Adults of Massachusetts, Inc. 1975. Access '76: a blueprint for action. Boston: the Society.
- Eltz, Sylvia. 1963. Housing for the aged and the disabled in Sweden. Stockholm: Swedish Institute for Cultural Relations with Foreign Countries.
- Fay, F.A. 1975. Housing alternatives for individuals with spinal cord injury. (Reprint from selected research topics in Spinal Cord Injury Rehabilitation.) Medford, Mass.: Rehabilitation Services Administration Research and Training Centers Task Force Project, Tufts University.
- Fokus Society. Fokus: a way to form a future. Göteborg, Sweden: the Society.
- Fritz, M., Wolfensberger, W., and Knowlton, M. 1971. An apartment living plan to promote integration and normalization of mentally retarded adults. Downsview, Ontario: Canadian Association for the Mentally Retarded.
- Gibson, A.G.L. 1971. Architecture and the mentally retarded. Mental Health in Australia (Sydney), 4,2, 82-90.
- Goldsmith, S. 1974. Society at work: more able to manage. New Society, XXVII, June, 764-5.
- Greenberg, J. 1974. Costs of in-home services. In Anderson, Nancy (ed.) A Planning Study of Services to Non-Institutionalized Older Persons in Minnesota, Part 2. Minneapolis: Governor's Citizen Council on Aging.
- Greenstein, Deborah, Gueli, C., and Leonard, E. 1976. No one at home: brief review of housing for handicapped persons in some European countries. Rehabilitation Literature, 37, 1, 2-9.

- Hilleary, J.F. 1969. Buildings for all to use: the goal of barrier-free architecture. AIA Journal, March. (Reprint.)
- Holland, J.F. (ed.) 1974. Operating manual for residential services personnel. Columbus: Nisonger Center for Mental Retardation and Developmental Disabilities, Ohio State University.
- Hopperton, R. 1975. Zoning for community homes: handbook for local legislative change. Columbus: Ohio State University.
- _____. 1975. Zoning for community homes: technical assistance handbook for municipal officials. Columbus: Ohio State University.
- International Rehabilitation Review. 1975. XXVI, 2.
- Jailer, Mildred. 1974. Breaking those barriers down. The Royle Forum, Spring, 9-11.
- Jeffrey, D.A. 1973. A living environment for the physically disabled. Rehabilitation Literature, 34, 4, April, 98-103.
- John C. Kelley Company. 1976. Proposal - working draft. Lincoln, Neb.: the Company.
- Johnson, D.L. (ed.) 1975. Design for the disabled: summary report of short term training for student design professionals. Philadelphia, Pa: Dennis L. Johnson/George William Smith Partnership.
- Kaiser, H.H. 1972. Developing the advocacy role in environmental design. Syracuse University Law Review, 23, 4, 1119-30.
- Kliment, S.A. 1975. Into the mainstream, a syllabus for a barrier-free environment. Washington, D.C.: Rehabilitation Services Administration, U.S. Department of Health, Education, and Welfare.
- Klurfeld, J. 1976. Who is to care for the mentally ill? Empire State Report, March.
- Körmendi, Eszter. 1975. Psykisk handicappede, intelligenshaenmedes og udskrevne psykiatriske patienters sociale forhold. (Mentally handicapped: mentally retarded and discharged mentally disordered patients' social situation). Publikationer 67. Copenhagen: Danish National Institute of Social Research.
- Kruger, Sara Finn. 1975. Life styles of aging retardates living in community settings in Ohio. Columbus: Psychologia Metrika.
- Kuldschun, H. 1972. New dwelling forms for the handicapped without family (An alternative to life in an institution). Missionary Work at Home, Journal of Protestant Church of Germany, March/April, 153-8.

- Lauder, Ruth. 1969. The goal is: mobility! Washington, D.C.: U.S. Department of Health, Education, and Welfare.
- Lavin, Eileen (ed.) 1974. Proceedings of the National Conference on housing and the handicapped. Bethesda, Md.: Health and Education Resources, Inc.
- LaVor, Judith. 1976. Long-term care: a challenge to service systems. Washington, D.C.: U.S. Department of Health, Education, and Welfare. (Draft, September.)
- LaVor, Judith, and Callender, Marie. 1975. Home health cost effectiveness: what are we measuring. Washington, D.C.: U.S. Department of Health, Education, and Welfare. (Draft.)
- Mace, R.L., AIA, and Laslett, Betsy (ed.) 1974. An illustrated handbook of the handicapped section of the North Carolina Building Code. Raleigh: Governor's Study Committee on Architectural Barriers.
- Mayor's Task Force. 1973. This city is for all its citizens... (Mayor's Task Force Report re: disabled and elderly). Toronto, Can.: Task Force.
- McCuskey, J.D. 1976. Monthly progress report for February. Denver, Col.: Atlantis Community, Inc. (Mimeographed.)
- McGaughey, Rita. 1976. Adequate residential and community programs for persons with disabilities. Introductory paper for White House Conference on handicapped individuals. (Draft, March 12.)
- _____. 1976. From problem to solution: new focus in fighting environmental barriers for the handicapped. Rehabilitation Literature, 37,1, January, 10-2.
- McGuire, M. 1972. HUD information paper: toward a better understanding of group residences for adults mid-retarded. Washington, D.C.: U.S. Department of Housing and Urban Development. (Draft.)
- _____. 1973. Research tasks for the elderly and handicapped. (HUD FY 73) Washington, D.C.: U.S. Department of Housing and Urban Development. (Draft.)
- McRae, J. 1975. Elderly in the environment - Northern Europe. Gainesville: College of Architecture, Center for Gerontological Studies and Programs, University of Florida.
- Michigan State Housing Development Authority. 1972. 1972 Program description: housing for the adult mentally retarded. Michigan: the Authority. (Mimeographed.)

Ministry of Public Works. 1974. Housing of specific population groups in France. Paris: the Ministry.

Muskie, E.S., U.S. Senator. 1975. Statement at the joint hearing before subcommittee on long-term care and subcommittee on health of the elderly of Senate Special Committee on aging. In Mental Health and the Elderly, pp. 4-5. Washington, D.C.: Government Printing Office.

National Association for Retarded Citizens. 1973. Right to choose. Arlington, Tex.: the Association.

_____. 1976. Government Report, V, No. 2, February. Washington, D.C.: the Association.

_____. 1976. Government Report, V, No. 3, March. Washington, D.C.: the Association.

_____. 1976. Government Report, V, No. 5, May, Washington, D.C.: the Association.

_____. 1976. Survey-Implementation of the Housing and Community Development Act of 1974. Arlington, Tex.: the Association. (Mimeographed.)

National Association for Retarded Citizens Library. 1975. Community based residential services, bibliography series #11. Arlington, Tex.: the Library.

National Association of Private Residential Facilities for the Mentally Retarded. 1975. Newsletter, V, No. 5, December. Falls Church, Va.: the Association.

_____. 1976. Newsletter, VI, No. 1, January. Falls Church, Va.: the Association.

_____. 1976. Newsletter, VI, No. 2, February. Falls Church, Va.: the Association.

_____. 1976. Newsletter, VI, No. 3, March. Falls Church, Va.: the Association.

_____. 1976. Newsletter, VI, No. 4, April. Falls Church, Va.: the Association.

National Easter Seal Society for Crippled Children and Adults. 1976. Housing and handicapped persons: a resource guide of available publications from 1970 forward. Chicago: the Society.

National Housing Conference, Inc. 1976. Membership Newsletter, January - February 4. Washington, D.C.: the Conference

- National Housing Partnership. 1975. The National Housing Partnership. Washington, D.C.: the Partnership.
- National Swedish Institute for Building Research. 1972. Accessible town-workable homes (Document D9:1972). Stockholm, Sweden: the Institute.
- Nelson, G. 1975. To live as normal as possible. In President's Committee on Mental Retardation Communication Office. Newsclipping Service, January, 15..
- Netherland's Society for Rehabilitation. Architectural facilities for the disabled. Stockholm, Sweden: International Society for Rehabilitation of the Disabled, Committee on Technical Aids, Housing and Transportation (ICTA) Information Centre.
- Noll, P.F. 1975. Testimony at public hearing on housing for handicapped individuals before the Architectural and Transportation Barriers Compliance Board. Chicago, Ill. (Mimeographed.)
- Northern Virginia Association for Retarded Citizens, Inc. 1975. Community residential options: developing and operating group homes for the developmentally disabled of Virginia. Fall Church: the Association.
- O'Connor, Gail and Sitkei, E.G. 1973. The study of a new frontier in community services: residential facilities for developmentally disabled persons. Working Paper No. 72. Eugene: Rehabilitation Research and Training Center in Mental Retardation, University of Oregon.
- Pennsylvania Department of Public Welfare, Office of Mental Retardation, Bureau of Community Residential Programs. 1975. Community living arrangements program; community living arrangements plan: fiscal years 1975-76 through 1979-80. Harrisburg: the Department. (Mimeographed.)
- _____. 1975. Proposed 9600 regulations -- community living arrangements for the mentally retarded. Harrisburg, Pa.: the Office. (Draft.)
- Pollak, W. 1973. Costs of alternative care settings for the elderly: a working paper. Washington, D.C.: Urban Institute.
- _____. 1973. Utilization of alternative care settings for the elderly. Washington, D.C.: Urban Institute.
- President's Committee on Employment of the Handicapped. 1976. Handbook on the legal rights of handicapped people. Washington, D.C.: the Committee.
- President's Committee on Mental Retardation. 1974. Silent minority. Washington, D.C.: U.S. Department of Health, Education, and Welfare.

- _____. 1975. Mental retardation: the known and the unknown. Century of decision series. Washington, D.C.: Government Printing Office.
- _____. 1975. Message, XLI, August. Washington, D.C.: U.S. Department of Health, Education, and Welfare.
- _____. 1975. People live in houses. Washington, D.C.: Government Printing Office.
- _____. 1976. Mental retardation: century of decision. (Report to the President). Century of decision series. Washington, D.C.: Government Printing Office.
- _____. 1976. Mental retardation: trends in State services. Washington, D.C.: Government Printing Office.
- _____. Communication Office. 1975. Newsclipping Service, January.
- Rehabilitation Institute of Chicago. 1972. Access Chicago: Toward a barrier-free environment. Proceedings of a one-day conference. Chicago: the Institute.
- Rhoades, Cindy. 1975. A sociological challenge to normalization as applied to community alternative residential facilities. Working Paper No. 86. Eugene: Rehabilitation Research and Training Center in Mental Retardation, University of Oregon.
- Ross, E.C. 1975. Implementation of the Housing and Community Development Act. (Information Memorandum). Washington, D.C.: United Cerebral Palsy Associations, Inc. (Mimeographed.)
- _____. 1975. Statement at public hearing on housing for handicapped individuals before Architectural and Transportation Barriers Compliance Board. Chicago, Ill. (Mimeographed.)
- Santiestevan, H. 1975. Deinstitutionalization: out of their beds and into the streets. Washington, D.C.: American Federation of State, County, and Municipal Employees.
- Schweikert, H.A., Jr. 1971. Wheelchair bathrooms. Washington, D.C.: Paralyzed Veterans of American, Inc.
- Sherwood, Sylvia. (ed.) 1975. Residential environments for the functionally handicapped. Task 4: Population description and identification. Boston, Mass: Gerontological Society.
- Sherwood, Sylvia, and Greer, D.S. (eds.) 1973. The Highland Heights Experiment. Washington, D.C.: Government Printing Office.

- Steinfeld, E. (ed.) 1975. Human factors research on buildings: standards for accessibility to disabled people. Syracuse, N.Y.: School of Architecture Research Office, Syracuse University. (Mimeographed.)
- Stock, D.D. and Cole, Jean A. 1975. Adaptive housing for the severely physically handicapped. Rehabilitation Counseling Bulletin, 36, 6, June, 224-31.
- Strang Partners, Inc., Nugent, T.J. and Ries, M.L. 1975. Housing for the young severely physically disabled. Madison, Wis.: Madison Housing Authority. (Draft.)
- Tector, J. (ed.) 1975. Center for human awareness. Raleigh: School of Design, North Carolina State University.
- Thompson, B. 1972. Some cost considerations in the implementation of specialized housing for the handicapped. Boston, Mass.: Harvard School of Public Health. (Unpublished Paper, May 23.)
- Thompson, M.M. 1971. Notes about housing for the handicapped. Speech at Columbia, Maryland. April 29.
- _____. 1973. Housing for the handicapped. Speech at University of Wisconsin, Madison. September 20.
- _____. 1975. Congregate housing for older adults: assisted living combining shelter and services. Report for Special Committee on Aging, U.S. Senate. Washington, D.C.: Government Printing Office.
- _____. 1976. Housing for the Handicapped and disabled: a guide for local action. Washington, D.C.: National Association of Housing and Redevelopment Officials, in press.
- Tica, Phyllis L. and Shaw, J.A. 1974. Barrier-free design: accessibility for the handicapped. New York: Institute for Research and Development in Occupational Education, Center for Advanced Study in Education, Graduate School and University Center, City University of New York.
- Tinsley, Diane J., O'Connor, Gail, and Halpern, A. 1973. Identification of problem areas in the establishment and maintenance of community residential facilities for the developmentally disabled. Working Paper #64. Eugene: Rehabilitation Research and Training Center in Mental Retardation, University of Oregon.
- Trager, Brahma. 1972. Home health services in the United States. Report to the Special Committee on Aging, U.S. Senate. Washington, D.C.: Government Printing Office.

United Cerebral Palsy Associations, Inc. 1975. Word from Washington. VI, 8, July. Washington, D.C.: Governmental Activities Office, the Associations.

_____. 1976. Word from Washington. VII, 1, January. Washington, D.C.: Governmental Activities Office, the Associations.

_____. 1976. Word from Washington, VII, 2, February. Washington, D.C.: Governmental Activities Office, the Associations.

_____. 1976. Word from Washington, VII, 5, May. Washington, D.C.: Governmental Activities Office, the Associations.

United Cerebral Palsy Associations, Pittsburgh District. 1976. New supervised apartment project for developmentally disabled adults. Pittsburgh, Pa.: the Association. (Mimeographed.)

Urban Institute. 1975. Comprehensive needs study of individuals with most severe handicaps. Washington, D.C.: Rehabilitation Services Administration, U.S. Department of Health, Education, and Welfare.

U.S. Congress. 1968. Public Law 90-480. Architectural Barriers Act. Washington, D.C.: Government Printing Office.

_____. 1970. Public Law 91-517. Developmental Disabilities and Facilities Construction Act of 1970. Washington, D.C.: Government Printing Office.

_____. 1973. Public Law 93-112. Rehabilitation Act of 1973. Washington, D.C.: Government Printing Office.

_____. 1974. Public Law 93-383. Housing and Community Development Act of 1974. Washington, D.C.: Government Printing Office.

_____. 1974. Public Law 93-516. White House Conference on handicapped individuals. Washington, D.C.: Government Printing Office.

_____. 1976. Public Law 94-375. Housing Authorization Act of 1976. Washington, D.C.: Government Printing Office.

_____. House of Representatives. 1973. Compilation of the social security laws. (Document No. 93-117, Vol. 1/93rd Congress, 1st session) Washington, D.C.: Government Printing Office.

_____. Senate. Special Committee on Aging. 1973. Barriers to health care for older Americans. Hearing before subcommittee on health of the elderly, July 11, 1973. Washington, D.C.: Government Printing Office.

- _____. Senate. Special Committee on Aging. 1976. Developments in Aging: 1975 and January - May 1976. Part 2-Appendixes. Washington, D.C.: Government Printing Office.
- _____. Senate. Special Committee on Aging. 1976. Examination of proposed section 202 housing regulations. Part 1. Hearing before subcommittee on housing, June 6, 1975. (94th Congress, 1st session) Washington, D.C.: Government Printing Office.
- _____. Senate. Special Committee on Aging. 1976. Material related to study by Virginia Housing Development Authority on Section 8 housing assistance payments program, housing for adult mentally retarded. In Adequacy of federal response to housing needs of older Americans. Hearing before the subcommittee on housing for the elderly, October 8, 1975, Appendix 2, Items, pp. 1024-32. Washington, D.C.: Government Printing Office.
- _____. Senate Special Committee on Aging. 1976. Memorandum, VIII, 3, April 20. Washington, D.C.: the Committee.
- _____. Senate. Special Committee on Aging. 1976. The proposed fiscal 1977 budget: what it means for older Americans. (94th Congress, 2nd session) Washington, D.C.: Government Printing Office.
- _____. Senate. Subcommittee on Housing and Urban Affairs, Committee on Banking and Currency. 1968. Congress and American Housing 1892-1967. Washington, D.C.: Government Printing Office.
- _____. Senate. Subcommittee on Long-Term Care, Special Committee on Aging. 1976. Nursing home care in the United States: failure in public policy. Supporting Paper No. 7. Washington, D.C.: Government Printing Office.
- U.S. Department of Health, Education, and Welfare. 1968. Financial assistance programs for the handicapped. Washington, D.C.: Government Printing Office.
- _____. 1975. Long-term care facility improvement study. (Introductory Report). Washington, D.C.: the Department.
- _____. 1976. American rehabilitation. Washington, D.C.: Government Printing Office.
- _____. Office of Human Development, Developmental Disabilities Office. 1976. Developmental disabilities program, the 1975 amendments. Washington, D.C.: the Department.
- U.S. Department of Housing and Urban Development. 1968. Housing for the physically impaired: a guide for planning and design. Washington, D.C.: Government Printing Office.

- _____. 1972. Annual report to the Senate Special Committee on Aging: 1972 Highlights. Washington, D.C.: the Department. (Mimeographed.)
- _____. 1972. Report on HUD's programs as they impact on the mentally retarded. Washington, D.C.: the Department. (Mimeographed.)
- _____. 1976. HUD News, 76-141, April 22. Washington, D.C.: the Department.
- _____. Housing Production and Mortgage Credit-FHA. 1976. Information bulletin: Section 202 loans for housing for the elderly and handicapped. Washington, D.C.: the Department.
- _____. Low Income Public Housing Office. 1976. Loans for housing for the elderly or handicapped. Federal Register, part 3, XLI, February 25.
- _____. Office of General Services. 1975. Challenge, VI, 3, March.
- _____. Office of International Affairs. 1974. Foreign programs for the housing and care of the handicapped--a compendium of foreign experience. HUD International (Information series 30). Washington, D.C.: the Department.
- U.S. Federal Housing Administration. 1976. Revision No. 3, Minimum property standards for care - type housing. (4920.1) Washington, D.C.: the Administration.
- _____. 1976. Revision No. 3, Minimum property standards for multifamily housing. (4910.1) Washington, D.C.: the Administration.
- _____. 1976. Revision No. 3, Minimum property standards for one - and two - family dwellings. (4900.1) Washington, D.C.: the Administration.
- West Virginia Commission on Aging. 1976. Age in action, XI, 1, January-February.
- Wisconsin Department of Health and Social Services. 1973. Community living systems for the developmentally disabled. Wisconsin Mental Hygiene Review, Review 2, supplement to September 1973 issue.
- Wolfensberger, W. 1972. The principle of normalization in human services. Toronto, Can.: National Institute on Mental Retardation.
- Wolfensberger, W. and Glenn, Linda. 1975. PASS 3 - Program analysis of service systems, handbook and field manual. (3rd ed.) Toronto, Can.: National Institute on Mental Retardation.

ATTACHMENT B.

REFERENCE MATERIALS

Reference #1

CHART SUMMARY OF

FEDERAL PROGRAMS PROVIDING CAPITAL FINANCING AND/OR SUBSIDY

1. HUD Programs
2. Farmers Home Administration Programs
3. Veterans Administration Programs
4. Seed Money Sources

CHART SUMMARY OF
FEDERAL PROGRAMS PROVIDING CAPITAL FINANCING AND/OR SUBSIDY

1. HUD Programs

Program: HUD Section 8 Rent Allowances for Eligible Applicants

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
Direct payments to housing owners to reduce tenant rents to from 15 to 25 percent of income. Assistance contracts may be as long as 20 years for new and rehabilitated housing --except that for housing financed by state housing finance agencies, contracts can run for 40 years	---	Those with incomes that do not exceed 80 percent of median income in area, 50 percent in case of very low income. (Increased from 80% to 95% of median in the 1976 Act.)	Difference between contract rent and 15 to 25 percent of tenant income

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Public housing agencies, state housing agencies, private nonprofit developers and private, profit making entities, (apartment owners)	HUD offices, state housing agencies, public housing agencies	Yes, if one exists	Rent subsidies can be applied to new, substantially rehabilitated, or existing rental housing.	Program provides only rent assistance payments, capital financing must be secured elsewhere. Notice of fund availability is published by HUD; funds go to private owner or public bodies.

Source: Based on material in the Housing and Development Reporter, published by Bureau of National Affairs, Inc., 1231 25th Street, N.W., Washington, D.C. 20037.

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CHART SUMMARY (CONTINUED)

1. HUD Programs

Program: HUD Traditional Rental Public Housing

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
Low income housing is built, rehabilitated, or leased by local PHA with federal funds to guarantee low rents. Nonprofit agencies may lease or rent units from PHA and have benefit of subsidies, with HUD Area Office approval.	---	Income limits set by local public agency for low-income tenants and approved by HUD at approximately the same levels as Section 8.	Substantial subsidy to bring rents down to 15 to 25 percent of tenant income.

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ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Formerly local housing authority; public housing agency (PHA) under 1974 Act, also state housing agencies.	Public housing agency (PHA)	Yes, if there is one.	New housing; rehabilitated housing; leased new or existing housing, either in public housing projects or in scattered privately owned houses or apartments.	Additional public housing approved in 1976 Act.

*Certain funds are specifically earmarked for new traditional public housing. This could be specially designed for the handicapped.

CHART SUMMARY (CONTINUED)

1. HUD Programs

Program: HUD Section 202: Rental Housing for Elderly or Handicapped Persons*

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
Direct government loans for new construction or rehabilitation	½ of 1 percent up to \$10,000 required of nonprofit sponsors; 40-year loan term.	Elderly must be 62 years of age or over; handicapped must meet definition in law.	Interest rate related to cost of all U.S. treasury borrowings, now about 7%. Can combine with Section 8 housing assistance payments to assure economic mix.

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Nonprofit private organizations and certain public agencies (currently restricted by administrative direction to non-profit sponsors).	Nearest HUD area office; HUD Central Office issues invitations for proposals and makes awards.	No	New construction or substantial rehabilitation	Provides direct loans to finance construction or rehabilitation. Section 8 housing assistance payments are added. For low to moderate income elderly or handicapped.

*See seed money for Section 202 projects.

CHART SUMMARY (CONTINUED)

1. HUD Programs

Program: HUD Section 231; Rental Housing for Elderly

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
HUD insured private mortgage loan to profit or nonprofit sponsors.	Nonprofit sponsors eligible for 100 percent mortgage insurance. 40-year loan term.	Elderly or Handicapped	None, but Section 8 housing assistance payments can be added.

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Profit or non-profit organizations and certain public bodies.	Nearest HUD office	No	New construction or substantial rehabilitation	Generally used for higher income occupants

CHART SUMMARY (CONTINUED)

1. HUD Programs

Program: HUD's Federal Housing Administration 221 (d)(3) and (4) Market Rate Rental Housing

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
HUD insured private mortgage	221(d)(3) -- 100 percent loan to nonprofits; 90 percent to profits. 221(d)(4) -- 90 percent loan for profit organizations only	Anyone	May be combined with Section 8 housing assistance payments.

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Public agencies, nonprofit or profit developers for 221(d)(3). Profit only for 221(d)(4).	Nearest HUD area office	No	New construction or substantial rehabilitation	221(d)(3) can be useful as a source of mortgage finance when Section 8 housing assistance payments are used and financing can not be found elsewhere

CHART SUMMARY (CONTINUED)

1. HUD Programs

Program: Federal Housing Administration Section 235 single-family sales housing

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
HUD insured private mortgage loan	Downpayment of 3 percent of first \$25,000; 10 percent of excess -- typical down-payments, \$1,500 to \$2,000	80 percent of median income (\$9,000, \$11,000 typical income range)*	Interest rate down to 5 percent; subsidy is difference between 5 percent and market rate

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Nonprofit or profit developer	Nearest HUD area office	Yes	New construction or substantial rehabilitation (condominiums or cooperative ownership allowed) also mobile homes.	Useful program to secure financing for handicapped individuals seeking to purchase single-family homes.

*1976 Act extends Section 235 until September 30, 1977.

CHART SUMMARY (CONTINUED)

2. Farmers Home Administration Programs

Program: Department of Agriculture -- Farmers Home Section 515: rental housing program for rural areas and small towns

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
Direct government loan; 40-year term	100 percent for nonprofit; 95 percent for others	Usually for renters with adjusted incomes of less than \$12,900. There is no income limitation on elderly in most cases.	Can equal difference between 1 percent and market rate of interest, may be coupled with Sec. 8 to reduce rents further.

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Any profit, limited dividend, or non-profit builder, cooperative, or public body	State FmHA or county office	No	New construction or rehabilitation and purchase of existing building	Program limited to people living in rural areas and small towns with 10,000 population or less. Certain non-SMSA towns between 10,000 and 20,000 can also be served. Combined with Section 8, can reach low-income families. **

**Section 8 amended by 1976 Housing Authorization Act to continue for 40 years.

CHART SUMMARY (CONTINUED)

2. Farmers Home Administration Programs

Program: Section 502; sales for rural housing program

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
Direct government loan; 33-year terms	None, unless family has a substantial amount of cash on hand.	Families with adjusted incomes below FmHA limits set at \$12,900 for non-subsidized loans, \$10,000 for subsidized loans.	Interest rate may be as low as 1 percent, up to market rate, depending on purchasers' needs. (Home-buyer pays 20 percent of adjusted family income.)

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Individual family, any profit or non-profit builder (may package for groups of families)	State FmHA or county office	No	New construction, rehabilitation, or purchase of existing home.	Program limited to people living in rural areas and small towns with 10,000 population or less. Certain non-SMSA towns between 10,000 and 20,000 can be served.

CHART SUMMARY (CONTINUED)

2. Farmers Home Administration Programs

Program: Section 504; rural home repair program

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
Direct government loan; 10 to 20 year terms. Grants given to very low-income elderly	Loans made for \$1,500 to be repaid in 10 years, for up to \$2,500 in 15 years, for up to \$5,000 in 20 years. Loans of \$2,500 to \$5,000 require mortgage on property.	Low-income homeowners or leaseholders who lack income to repay FmHA Sec. 502 loan and who own homes with hazards to health and safety	Interest rate at 1 percent. Grants to very low income elderly.

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Low-income families	State FmHA or county office	No	Homes with hazards to health and safety.	Program limited to people living in rural areas and small towns with 10,000 population or less. Certain non-SMSA towns between 10,000 and 20,000 can be served.

CHART SUMMARY (CONTINUED)

3. Veterans Administration Programs

Program: Home loan guarantee

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
VA guaranteed long-term loan.	None	Eligible Veterans	None; interest at market rate

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Private or non-private developers, also individual veterans	Nearest VA office	No	One- to Four-family -- new, rehabilitated or existing	Program limited to veterans

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CHART SUMMARY (CONTINUED)

3. Veterans Administration Programs

Program: Home loans for disabled veterans (Specially adapted)

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
Grant or cash reimbursement for purchase by veterans	None	VA medical determination of housing suitability	100 percent

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
A veteran who buys or builds or a builder who constructs for the veteran	Nearest VA office	No	Any suitable housing, plus fixtures and necessary equipment	A very good benefit for individual disabled veterans

CHART SUMMARY (CONTINUED)

3. Veterans Administration Programs

Program: Direct home loans

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
Government loan	None	Eligible veterans (direct loans are made only where guaranteed loans are not obtainable)	None; interest at market rate

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Any profit or nonprofit builder or individual veteran	Nearest VA office	No	Single-family homes, newly constructed, rehabilitated, or purchased	

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CHART SUMMARY (CONTINUED)

4 Seed Money

Program: HUD's Section 106 program. Loans to cover planning expense of housing projects in advance of availability of permanent financing. Also technical assistance.

TYPE OF FINANCING	FINANCING TERMS	USER ELIGIBILITY	SUBSIDY
Short-term, two year loans.	Maximum loan \$50,000 to cover 80 percent of eligible development cost. Sponsor provides 20 percent.	Nonprofit housing sponsors	No interest rate on loans. Recoverable out of loan proceeds.

ELIGIBLE SPONSORS	WHERE TO APPLY	SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN	ELIGIBLE HOUSING	COMMENTS
Nonprofit housing sponsors limited to Sec. 202 sponsors.	Nearest HUD area office	No	To help sponsors plan to build or rehabilitate housing.	"Seed money" is often needed by nonprofit sponsors.

Reference #2

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY PROGRAM
OF GROUP HOMES FOR MENTALLY RETARDED ADULTS

Since 1972 the Michigan State Housing Development Authority has spearheaded and financed 356 housing units for mentally retarded adults in 13 communities from Detroit to the upper peninsula. Another 160 units are in processing. All sponsors are nonprofit corporations of local residents with experience in and concern for mental retardation. The projects provide group residential settings for 16 to 32 persons each. Projects completed so far are newly constructed, but future plans call for some units to be rehabilitated. The homes qualify for aid programs administered by the Michigan Department of Social Services which also provides funds to help support the rent and operating costs. The State Department of Mental Health assures vocational counseling, guidance, medical aid, and other supporting services. HUD provides rent assistance payments for many residents through the Section 236 interest subsidy program for rental housing (since suspended). Future projects will attempt to use the new HUD Section 8 rental subsidy program. These projects are carefully planned and designed, and a wide array of social and therapy services are provided.

The Michigan projects offer an outstanding model of careful and successful planning to groups around the country seeking to provide residential environments for handicapped persons. Among the highlights of the Michigan process which deserve imitation are the following.

Needs Analysis

The project planning included a very careful analysis of need for this type of housing among the mentally retarded (the selected target population). The Authority supported a report which showed that at least 76,000 retarded individuals in Michigan need the type of semi-independent living proposed. It was further found that the State was releasing annually from State institutions well over 3,000 adult mentally retarded persons. This, of course, further intensified the need for residential living.

Analysis of Services Available

A thorough analysis was made of the services available in the State to the adult mentally retarded and from what sources these services came. The Authority commissioned a detailed study of service availability. This study not only covered the normal services provided the handicapped but also the extent to which the various service agencies could make direct payments to defray the rental cost.

General Cooperation Among Supporting Agencies

A general cooperative effort was launched at Federal and State levels involving the Authority, the Governor's Office, the State's Departments of Mental Health, Social Services, and Public Health, the Division of Vocational Rehabilitation, and the U.S. Department of Housing and Urban Development.

Another important contributor to the cooperative effort was the Michigan Association of Retarded Children, a nonprofit private agency. This cooperative venture resulted in a memorandum of agreement analyzing what each agency would provide in support of the project, backed up by a letter from the Governor giving these agencies authority to take the actions agreed upon.

Budgeting

A careful and thorough budget was prepared for the program as a whole, and later for each individual project. These budgets listed all expense and income items. They produced guidelines for feasibility on cost per day for construction and management and rent income necessary from each tenant (including various rent subsidies required).

Use of Aids to Reduce Rents

All possibilities for reducing net rents were explored and used where available. These included Federal rent subsidies (HUD Section 236 when it was operative, and later HUD Section 8 rental subsidy), the reduced interest rate on mortgage loans made possible by the Authority's financing tools, local real estate tax abatement, and payments to rent by service agencies (\$10 per diem per resident was provided from this source -- \$5.50 from Supplemental Security Income payments and \$4.50 from the Michigan Department of Social Services).

Financing and Construction Know-How

The intricacies of arranging for project financing (often from several sources), processing applications, site selection, land option and purchase, design, construction, construction supervision, mortgage closing, and management plans were handled largely by skilled staff of the Authority.

Reference #3

SPECIAL PROJECTS FOR THE HANDICAPPED DEVELOPED IN RESPONSE TO
OPPORTUNITIES PROVIDED BY FEDERAL LEGISLATIVE AND REGULATORY ACTION

1964 - 1974

Between 1964, when physically handicapped persons first became eligible for Federal housing programs, and January 1974, eight projects for handicapped people were developed under the low-rent public housing, 202, 221(d)(3), and 236 housing programs, totalling 1,086 dwelling units in eight different cities. Developed over a span of 10 years, these projects largely represent experiments in the field of housing, and lessons learned from their design mistakes or successes were utilized in the development of the later projects.

Projects for the Physically Handicapped

1967 The first of these projects to be developed under Federal housing programs was Vistula Manor in Toledo, Ohio. It is a HUD-financed public housing project with 164 barrier-free units. Thirty percent of the occupants are handicapped; the rest are elderly. It is across from Goodwill Industries and near a city health center offering therapy and other medical aid as needed. Construction of the project was preceded and followed by a HUD economic study funded under the low-rent housing demonstration program.

1968 Pilgrim Tower in Los Angeles, California was sponsored by the Pilgrim Lutheran Church of the Deaf under the Section 202 direct loan program for elderly or handicapped. The aim of the project was to serve primarily the deaf and hard-of-hearing, although the building was designed essentially for the elderly. There is a closed circuit signaling system, special lights, and other features. All personnel can use sign language.

1969 Center Park Apartments in Seattle, Washington is a HUD-financed public housing project with 150 units, all for the physically handicapped. Architectural features were modified after a visit to Vistula Manor. The project is particularly designed to accommodate wheelchairs. Reached by a covered walkway, an adjacent day care center has space and facilities for a wide range of community activities.

1969 Walter B. Roberts Manor in Omaha, Nebraska was financed under Section 221(d)(3), a low-interest mortgage program for rental housing (the interest subsidy portion of this program has since been suspended). The project, sponsored by a local association for the blind, has 42 units. All occupants are blind, although the design is not modified to accommodate the blind (with a few exceptions), and no provision is made for special services.

1970 Another HUD-aided public housing project - Highland Heights in Fall River, Massachusetts - has 208 units that are well-designed for wheelchair users. The project is connected by a tunnel to an orthopedic hospital which provides rehabilitative services to handicapped residents. A variety of services are also provided, and it has become a focal point of community activity, especially for the elderly. Most occupants are handicapped elderly (many of whom were relocated here from nursing homes) and represent a wide range of physical disabilities. Highland Heights is the site of a study sponsored by HEW and HUD to examine resident satisfaction with the new facility.

1970 A sixth project, New Horizons in Fargo, North Dakota was opened in this year. It is a HUD-aided public housing project with 100 units, 70 occupied by handicapped persons. Architects visited all prior projects and analyzed design problems; thus, design may be the best so far for disabled persons with physical handicaps. However, its service and medical programs were slow in getting underway. It is designed primarily for wheelchair-bound.

1973 Independence Hall in Houston, Texas was financed under the Section 236 low-interest rate rental housing program (since suspended). There are 292 units on two floors, and it is well designed for the various types of handicapped occupants. It was sponsored by Goodwill Industries which provides services, while medical support is provided by available hospitals. The managerial staff is also handicapped.

1974 The eighth project financed under Federal housing programs was Creative Living in Columbus, Ohio. Financed under the Section 236 low-interest rental program (since suspended); the project consists of 18 one-story units designed for paraplegics. The design is excellent. Sponsored by Creative Living, Inc., medical students from the Ohio State University Medical School work as attendants to provide a wide range of care, while the Ohio State Department of Physical Medicine provides rehabilitation services.

Housing Efforts for the Mentally Retarded

There was some housing activity for mentally retarded persons before the passage of the Housing and Community Development Act of 1974. As a result of the 1972 ruling by HUD's General Counsel, on April 28, 1972, HUD approved two plans under State-Federal financing in the Section 236 program for four group homes and one two-story apartment building to provide housing for mentally retarded adults capable of an independent life style in their communities. Supportive services were to be provided by local, private, and government agencies.

One of these developments is in Detroit, Michigan. It consists of two group homes of two stories each, providing 16 one-bedroom apartments for monthly market rents of \$204 per unit. The rent will be reduced to a basic rate of \$130 per month by utilizing the one percent interest rate provided under the Section 236 program. Additionally, there are two two-bedroom

apartments with market rents of \$235 per month and a basic rent of \$149. The mortgages will be insured by the State Housing Development Authority.

The second is in Farmington Township, Michigan, and includes two group residential homes with 18 units and one two-story apartment building of 20 units. The State will also insure the mortgage on this development. Monthly market rental rates are \$199 for one-bedroom apartments, and with the interest reduction, the basic monthly rent will be \$122. The two-bedroom apartment market rate is \$254 and the basic rent under Section 236 is \$156 per month.

The unique feature of this effort was that the State, through local private corporations, accepted responsibility for the construction, funding, and operation of these projects. This was the first involvement of HUD in helping to provide - through any of its several programs - housing for mentally retarded adults other than those who can live completely independent lives. It also was an example of State and local initiative, with responsibility for operations and support services at the local level. While FHA Minimum Property Standards had to be adhered to in construction, the State accepted responsibility for design concepts responsive to group living.

Reference #4

EXAMPLES OF PRIVATELY-SPONSORED HOUSING

Local groups traditionally interested in housing handicapped people often have had to face difficult obstacles in sponsorship and production. Some have been successful in initiating housing developments using available programs. These range from housing sponsored for mentally retarded children or adults to housing conceptualized, planned, and developed by handicapped persons themselves. The types of private projects range from clusters of cottages to scattered apartments, from owner-occupied units to rentals. While not all private attempts have provided successful and desirable housing, their experiences with Federal and State legislation can serve a useful function in the evaluation of that legislation. Following are a few examples of private efforts.

Handicap Village - Des Moines, Iowa

This complex consists of a group of small cottages each housing two groups of eight persons. Larger social interchange is available through central activity buildings as well as general community facilities. Persons of both sexes, of different age groups, and with different types of handicapping conditions live in each cottage. Every resident, through programming, is motivated to participate in activities. These vary greatly and can be performed in the cottage, elsewhere in the Village, or in the community. This development is sponsored by Handicap Village, a nonprofit corporation. The first two cottages have been completed and the facilities for 32 residents are now in use. The first phase of the activity center is completed and will provide programs for 100 persons. Four cottages will be opened soon.

Community Living - San Diego, California

This development is a 28-unit residential apartment complex for developmentally disabled young adults in the moderate to mild range of retardation. On-site staff services are aimed at providing opportunities for achieving a satisfactory degree of independent functioning in a realistic, community-based setting. The Salvation Army's Bureau of Social Services operates the project. The facilities have been provided by the local public housing authority. Funding has been provided by the United Way, the Regional Center for the Retarded, and two State grants from the Department of Health and Welfare. Other local organizations have also contributed. All residents are involved in outside programs during the day. Staff include three resident counselors: a married couple and a single person, each with his own apartment. Also, there is a part-time project coordinator and a full-time social worker.

Cooperative Living Project - Houston, Texas

Cooperative Living is transition housing for a maximum of 18 severely physically disabled young adults, ages 19 to 30, who wish to work toward their educational and vocational goals in order to become productive, self-sustaining members of society. The project is a combination of special architectural features and various services including shared attendants, transportation, vocational training experiences, and counseling. The services are scheduled for and by the individual residents, as needed, through the use of sign-up sheets. A food service is provided by the Texas Institute for Rehabilitation and Research, but meals are often brought in from outside sources. Round-the-clock physical assistance is provided by a non-professional attendant staff trained by the residents themselves. A Resident Management Council made up of four elected representatives governs the project, manages the services, and hires and fires staff.

The dormitory-style building located near downtown Houston is owned by the Texas Institute for Rehabilitation and Research. The program is generally funded by a grant from the Social and Rehabilitation Service, HEW, by the Texas Institute, and by individual earnings and various sources of financial assistance, such as individuals' subsidies from the Texas Rehabilitation Commission, housing subsidy from the Houston Housing Authority, and the Federal Supplemental Security Income program. The individual's cost depends on the amount of service he needs.

Atlantis Community - Denver, Colorado

The Atlantis Community, Inc., is a nonprofit group made up of handicapped people, mostly former residents of nursing homes. Its aim is independent living for disabled adults. The group consists of disabled people, support staff, and lay people. Atlantis received an \$80,000 planning grant through the HUD-financed community development block grant program which provides Federal funds for a wide variety of community development purposes (but not the funding of housing construction).

The short-run plan of the Atlantis group is the leasing of seven apartments from the Denver Public Housing Authority. Because the dwellings had to be made barrier-free, funds were sought and obtained from the State Department of Social Services for making the housing accessible and usable by the handicapped. In addition, the Denver Department of Health and Hospitals provided medical services as needed, the welfare agency provided case-work services, and the Department of Public Works provided curb cuts (for wheelchairs) in the immediate neighborhood. The first eight disabled persons have left the nursing home and taken up residence in these apartments at this writing. The Atlantis long-range plan in the early planning stage is to provide a new, specially designed development of 100 dwelling units around a center court and community building sponsored, owned, and operated by the Atlantis Community. The location and optimum size of the planned community now is being re-evaluated. The Denver Office of Planning, Inc., and the HUD Region VIII Office have worked closely with the Atlantis group at each step of the developmental process.

Independent Living for the Handicapped, Inc., New York City

A slightly different approach to housing cerebral palsied individuals (other than the production of a whole project in which a varied number of handicapped persons will live) is the one used by Independent Living for the Handicapped, Inc., in New York City. This organization was set up to find or to help find apartments for cerebral palsied individuals who wish to live independently. Apartments that can be used by physically handicapped persons are found in the city and then adapted to their requirements. In some cases, tenants are so eager to move out of institutions that they will move into an apartment with some barriers and will adapt themselves to it. Independent Living, Inc., has goals similar to the Fokus Society in Sweden, but it does not build its own apartments or try to find clumps of appropriate dwelling units. The main tasks of the organization are to help the handicapped person find an appropriate apartment and to provide information and training in such areas of independent living as personal care, marketing, budgeting, and housekeeping. The organization holds training seminars but has found that help from the experienced handicapped person is the most valuable training tool. However, Independent Living continues social and recreational programming.

Reference #5

USE OF EXISTING HOUSING RESOURCES

In addition to housing that is newly constructed for handicapped persons, there are different housing types usually found in all communities that can be used or adapted for use by handicapped persons. The following descriptions illustrate some options and variations that can be utilized in a housing program.

Single-Family Homes

A free-standing, single-family home in an average residential neighborhood is the most likely choice of many physically handicapped (or mildly retarded) persons and their families. The only requirement may be the avoidance or removal of architectural barriers that limit mobility or independence. In new housing designed for the handicapped occupant, there will be little or no extra cost to achieve a barrier-free home. In existing housing of conventional design, there will be an additional expense to remove barriers and acquire necessary space in critical areas such as the bathroom and kitchen or to lower cabinets and work areas and thus bring essential equipment within the reach of persons in wheelchairs or using other aids.

Shared Houses

To reduce individual costs or to provide companionship, two or more handicapped persons may prefer to share a single-family home and the cost of needed modification. Joint ownership or joint renting is most feasible if "sharers" are completely acceptable to one another. Often the sharing is between handicapped and congenial, able-bodied persons.

Individual or Shared Apartments

Apartments in large or small buildings can be occupied by a single handicapped person or shared by two or more. Such dwellings have been used successfully with or without services, depending on need. Design modifications often are made by the owner or residents to achieve accessibility or usability by the physically handicapped.

Groups of Individual Apartments

Groups of apartments may be on one floor, be throughout the building, or be in an apartment complex scattered among several buildings. Necessary services, appropriate design modifications, or space for attendants or supervisors may be part of this housing plan for those needing assistance.

In New Apartment Buildings

Some percentage of the living units designed in a large public or private apartment building may be for the handicapped. Many States and codes require reasonable parity ranging from five to 10 percent of the units occupied by the able-bodied. Again, a service component may be needed and

some design features may differ in dwellings for the handicapped. In some cases, the entire apartment might be designed for and occupied by handicapped individuals or families with a handicapped member. This approach is often criticized because it violates the objective of community integration, sets handicapped persons apart, and, by sheer size, may tend toward a more impersonal or institutional atmosphere. However, some such developments are appropriate and are desired by some handicapped persons, and are successful where the management recognizes the individuality of the occupants, creates a homelike atmosphere, and has no institutional regulations. Without doubt, it is less difficult to provide the needed services at economical costs where there is a concentration of service users. In addition, there is economy of scale with high density permitting the per unit cost to decrease proportionately.

Elderly Housing Projects

Projects for the elderly may be designed for accessibility and may have a percentage of the units set aside for the handicapped with the provision of additional services needed. These projects are frequently relatively large, from 75 to 300 units. Middle-aged or older handicapped persons may find such developments acceptable, and undoubtedly there are economic advantages in providing services. However, relatively young adults with handicaps and with totally different life styles and interests may find forced association with "other's grandparents" a high price to pay for accessibility or service availability. Persons in similar age categories can be expected to have similar interests whether or not there is a handicap. The ambience a 23-year-old will want and seek in his living environment is not that sought and wanted by persons in their 70's or 80's. There are better solutions. That "elderly" and "handicapped" housing are covered in one section of the law does not mean that both groups must be housed together. When they are, experience has indicated that the resulting milieu is not fully acceptable to either group -- in short, may be a social failure.

Congregate Housing

This is housing provided for in the 1970 and 1974 Housing Acts for low-income elderly, the handicapped, and persons needing relocation from a site to be cleared by public action. Essentially, congregate housing is a residential environment -- assisted independent living -- which incorporates shelter and services for the functionally impaired and marginally socially adjusted, but not ill, elderly or handicapped persons to enable them to maintain or return to a semi-independent life style and avoid institutionalization. The structure may be of any size that is economically feasible. This type of housing is ideal for both elderly and handicapped persons (but not of different ages) whose independence is sustained by basic services such as food, housekeeping assistance, and limited personal services. Where well and active elderly persons are housed with the frail or impaired, the smaller percentage should be in the frail category. Congregate housing at this time may be built by public housing authorities with operational expenses included except for the purchase, preparation, and service of food. Some States provide a subsidy to assist with food costs of low-income elderly in

congregate housing. Nonprofit private groups also may provide such housing under the Section 202 program for lower-middle-income persons, including the mentally or physically handicapped.

Residential Hotels

These are usually relatively large structures which provide private rooms and baths (not apartments) for the handicapped, with housekeeping and meal service at commercial rates. Some also provide internal and/or external services of the type required by residents. The size of a typical hotel raises the question of whether all or only a portion of the residents should be handicapped. For the physically handicapped, such a hotel should provide barrier-free design as well as the needed services.

Group Homes

Group homes are an arrangement in which five or more handicapped persons of both sexes live in a relatively large home (purchased, rented, or constructed) with houseparents, and have available any other services, internal and external, required. The group home is essentially a simulated family situation. It should be located in a normal residential area with the goal of resident integration with normal activities of the neighborhood. Urban amenities such as stores, shops, restaurants, recreation, etc., should be in or near the housing area. The number of persons accommodated in a group home depends, of course, on its size. Experience indicates that the "family" concept is best maintained in groups of five to 10 but not more than 12.

Boarding Homes

A type of group home, the boarding home, has housekeeping and meal service provided. The owner-operator may provide other services as are needed, but not necessarily so without remuneration. Local considerations are the same as for group homes. Here again, a limited number of residents is preferred. Boarding homes often offer meals to non-residents in the neighborhood and anticipate it in their operation.

Hostels

The hostel is quite similar to a hotel except that it is usually supervised and considered transitional or temporary. Hostels have most generally been used as residences for handicapped persons undergoing treatment or training or for those who have improved sufficiently to move into a hostel as a more independent residential living situation with the intent of moving on again after further improvement. The number of persons in a hostel is usually not more than 15. There is a resident supervisor, and services are generally provided as dictated by the types and degrees of handicap among residents.

Foster Homes

Foster family care for adults is the provision of a family setting for persons who, because of disability, are in need of social care. The person

placed under this program is unable to function independently in the community, has no relative who can appropriately care for him, and is not in need of institutional or nursing care. Foster care is intended to provide the person with the security of a supportive family atmosphere, encouragement toward social interaction, and guides for improved personal care habits. Foster homes are certified to meet standards set up by an agency. Similar to children's foster homes, an adult foster home is certified for one to four individuals, and an adult group foster home is certified for five to eight individuals.

Reference #6
CHART SUMMARY OF
FEDERAL PROGRAMS PROVIDING FOR SERVICES TO HANDICAPPED

CHART SUMMARY OF
FEDERAL PROGRAMS PROVIDING FOR SERVICES TO HANDICAPPED

Program	Services Provided	Financing	Eligibility	Local Contact	Federal Administration
Developmental Disabilities Act, 1975	A wide variety of remedial services; also facilities construction	75 percent Federal (90 percent in poverty area)	Developmentally disabled;	State Developmental Disabilities Council	Developmental Disabilities Office, Office of Human Development, HEW
Rehabilitation Act, 1973	A variety of guidance, training, other services to help handicapped become employable; also facilities construction	80 percent Federal	Moderate and severely handicapped;	State Vocational Rehabilitation Agency	Rehabilitation Services Administration, HEW
Social Services Program, Title XX,	A wide variety of social services	75 percent Federal	People with incomes 115% of median; also recipients of Aid to Families with Dependent Children, Supplemental Security Income, Medicaid	State Department of Public Welfare or local human resources office	Public Services Administration, Social and Rehabilitation Services, HEW
Disability Insurance - Social Security	Monthly cash benefits	Direct monthly cash benefits; size depends on earnings record	Disabled workers eligible for Social Security or Adults, disabled in childhood, who are covered on the record of a retired, disabled or deceased parent	Local Social Security Office	Social Security Administration, HEW

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Source: Compiled from material presented in Operation Revenue: Orientation-Resource Notebook for Governmental Activities, edited by Harold A. Benson and E. Clark Ross of the Governmental Activities Office, United Cerebral Palsy Associations, 425 I Street, N.W., Suite 141, Washington, D.C. 20001.

CHART SUMMARY (CONTINUED)

Program	Services Provided	Financing	Eligibility	Local Contact	Federal Administration
Vocational Rehabilitation Services for Social Security Disability Beneficiaries	Rehabilitation services to help disabled achieve or return to gainful employment		Disabled workers eligible for SSI who have rehabilitation potential	State Rehabilitation Agency	Rehabilitation Services Administration, HEW
Supplemental Security Income	Income maintenance for needy elderly and to blind or disabled of any age	Direct monthly payments	Age or severe disability; limited income & resources	Nearest Social Security Office	Bureau of Supplemental Security Income, Social Security Administration, HEW
Medicaid	Medical care for financially needy persons	Federal share - from 50 percent to 83 percent	Certain financially needy persons	State department of public welfare or human resources local office	Medical Services Administration Social and Rehabilitative Services, HEW
Medicare	Hospitalization and physician insurance	Insurance; some co-payment and deductibles	Social Security eligibility	local Social Security Office	Social Security Administration, Bureau of Health Insurance
Services for Older People, Title I, Older Americans Act	A wide range of social and related services	75 percent to 90 percent Federal grant to States	All older persons	State Office on Aging	Administration on Aging, Office of Human Development, HEW

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CHART SUMMARY (CONTINUED)

Program	Services Provided	Financing	Eligibility	Local Contact	Federal Administration
Model Projects on Aging, Sec. 308, Older Americans Act	Model projects to expand or improve social services or otherwise promote the well-being of older persons	Federal Share all or part of cost of project	Public or nonprofit agency	State Office on Aging	Administration on Aging, Office of Human Development, HEW (applications must be submitted to Washington)
Nutrition Programs for Elderly, Title VII, Older Americans Act	To provide elderly, especially low income, with nutritionally sound meals	90 percent Federal	The elderly, including elderly handicapped	State Office on Aging, Area Offices on Aging	Administration on Aging, Office of Human Development, HEW
Urban Mass Transportation Act, 1964, Sec. 16(b)(2)	To provide special transportation services meeting special needs of handicapped	80 percent Federal grants for equipment	Handicapped and disabled	Governor's Office	Urban Mass Transportation Administration, Department of Transportation

Reference #7

PROPOSED RESEARCH TO DEVELOP A METHODOLOGY AND PROCEDURES
FOR ESTIMATING SHORT-TERM DEMAND FOR SPECIALLY DESIGNED HOUSING
FOR THE PHYSICALLY HANDICAPPED*

Statement of Problem

There does not exist any systematic procedure for estimating, within individual housing markets (HMA's), the short-term effective demand for specially designed housing to serve various categories of the physically handicapped. A recent nation-wide sample survey of the handicapped suggests that perhaps one out of every three Americans suffers from some form of limiting physical condition, ranging from hardness of hearing to dependence upon wheelchair. Clearly, not all of these persons require specially designed housing accommodations. Most, if not the great majority, are probably able to function with acceptable effectiveness -- with minor adaptations in life style -- in units of conventional design and amenities.

HUD has authorization to supply mortgage insurance for rental projects which have been specially designed for occupancy by the physically handicapped. Thus far, only seven such projects have been built under various HUD programs that can serve this group; all supply some form of subsidy assistance to their occupants. The marketing experience gained from this limited production has not been extensive enough for development of market analysis guidelines. If HUD's activities in the area of providing housing for the physically handicapped are to be expanded substantially, it will first be necessary to undertake a systematic study of the physically handicapped universe as to their prospective effective demand for specially designed housing.

The intentions of the proposed research undertaking are to (1) identify the present housing accommodations and household characteristics of the physically handicapped, (2) establish their capacity to sustain independent housekeeping in units that have been specially designed to cope with their handicaps, (3) identify their eligibility for current HUD programs, (4) ascertain their desires and intentions to maintain independent housekeeping, and (5) describe their requirements in terms of unit sizes, special design modifications and service amenities, and their rent-paying abilities. As contemplated, survey procedures would be expanded to include some reporting about mentally retarded individuals' housing requirements.

* This draft for discussion was prepared in 1972 by Bernard Horn, Acting Director, Economic and Market Analysis Division, Office of Housing Production and Mortgage Credit, Department of Housing and Urban Development.

Study Design

The proposed research would involve two separate categories of study -- the first of nationwide scope, and the second to be carried out within one or two separate and individual housing market areas (HMA's). Our ability to carry out the nationwide survey will be linked to our capacity to "tie into" the periodically conducted Current Population Survey (CPS) which is carried out by the Bureau of the Census. There would not be any constraints, however, with regard to our undertaking study within the two individual HMA's.

The Nationwide Study. Previous sample studies have suggested that there are about 68 million -- or roughly one out of every three -- Americans who suffer from some limiting physical condition. Greatest incidence of identified handicaps occurs in such categories as 18 million hard of hearing, 18 million arthritic, and 14.5 million suffering from respiratory ailments. There appears to be no comprehensive information concerning how these persons live -- their household status, their incomes, the extent of impairment because of their handicaps, and the kinds and extent of design modifications that would enable them to function, either independently or more effectively within their present larger households.

The nationwide coverage of the CPS is sufficiently large so that a comparatively detailed picture could be obtained of the household and housing characteristics of physically handicapped in the United States. Each household interviewed in the CPS would also be interviewed as to presence of a physically handicapped person.

Where a physically handicapped person is present, the interview would ascertain the need, if any, for specially designed housing and also for special provision of ancillary medical, therapeutic, catering and housekeeping services for the handicapped person. This interviewing would yield three broad categories of requirements:

1. Handicapped, who, in addition to special design amenities, also require comparatively extensive ancillary services within their building in order to maintain, or to obtain, independent housekeeping status.
2. Handicapped who require only a minimum of in-building ancillary services to support independent housekeeping in a specially designed housing unit.
3. Handicapped who require no special design features, but need various levels of ancillary and supportive services made available to them in order to maintain independent housekeeping services.

This last-identified third category would not directly serve HUD's market analysis requirements, but would serve HEW in terms of identifying supportive programs needed for the handicapped.

The Local Housing Market Area Study(ies). The foregoing nationwide study would supply valuable information regarding the characteristics, requirements, intentions, and rent-paying capacities of the physically handicapped. The locality study would serve three purposes: (1) to ascertain whether the physically handicapped can be comprehensively identified and described within the individual HMA; (2) to identify those areas where local enumerations are deficient vis-a-vis the national enumeration from the subsection above; and (3) to compare, within specified categories of needs and requirements, the prospective effective demand for specially designed housing, on a locality basis, with that obtained from the national survey. The following identifies the successive steps to be followed under this part of the research undertaking:

1. Identification within the HMA of the entire universe of all physically handicapped by name and address and nature of physical disability. The contractor would, as part of his undertaking, describe his procedures for obtaining these identification data from local, State, and Federal sources. Selection of the study HMA might be controlled, partially, by HUD's or HEW's awareness of those HMA's in which such identification data are most readily available.

2. Identification - by each category of disability - from (1) above, of those persons who require various kinds of design modifications to the dwelling unit and/or structure. This screening is intended to eliminate the large proportions of handicapped who can function effectively in housing of conventional design and amenities. This latter group, however, should be surveyed as to various supportive services they might require to function more effectively within their current housing and housekeeping arrangements.

3. Ascertainment, from (2) above, of existing households or potential households who are eligible for HUD-assisted or insured housing. Conversely, this would screen out and identify the characteristics of households with handicapped minors and others who cannot qualify for HUD housing.

4. From (3) above, establish a statistically reliable sample which would yield information concerning desire and/or intent to move to specially designed housing and rent-paying ability; also ascertain those medical and service amenities which must be provided within the structure as a precondition for moving and sustaining independent housekeeping.

5. From steps 4 and 1, develop demand ratios which would be applied to an identified universe of the handicapped to estimate prospective demand for specially designed housing.

6. (Optional) Select one other HMA for corroboration and/or modification of results obtained in the first HMA.

Costs

Tie-in with the national CPS enumeration effort might cost about \$75,000.

The locality survey, contemplating identification and screening of all households in which handicapped are located, and also home interviews with perhaps some 5,000 respondents, could amount to \$150,000.

A second locality study (optional) might be accomplished at a cost of \$100,000.

Total cost of the research undertaking would be between \$225,000 to \$325,000.